



**Josephine**  
Caring Community

*One Heart. Many Hands.*

Fullness of *life.*

TRANSITIONAL REHAB · SENIOR LIVING · LONG TERM CARE · EARLY LEARNING  
· AT HOME

# Employment Application

Josephine is an equal opportunity employer.  
We comply with all applicable state and federal civil rights  
and equal employment laws and regulations.

9901 272<sup>nd</sup> Pl NW · Stanwood Washington 98292  
Telephone 360-629-2126 · Fax 360-629-4543 [www.josephinecc.com](http://www.josephinecc.com)  
Reviewed/Revised: \_\_\_\_\_ Signature: \_\_\_\_\_

NAME: Last, First, Middle \_\_\_\_\_

DATE: \_\_\_\_\_



**Josephine**  
Caring Community  
*One Heart. Many Hands.*

Fullness of *life.*

## **Our Mission:**

Josephine is a Caregiving Community for all Generations.

## **Our Vision:**

To be the community of choice where no one is left uncared for.

## **Our Values:**

**Josephine, rooted in God's love, believes in:**

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### **Excellence of Care**

All people are worthy of exceptional and compassionate care in mind, body, and spirit.

### **A Pioneering Spirit and Courage**

Honoring our past while responding to changing needs and moving into the future.

### **Responsible Stewardship**

Being proactive stewards of all possible resources, leveraging them to ensure a sustainable future.

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Please complete this application completely. A resume may be included but cannot be used in place of the completed application.

Part 1. General Information				
Position Desired (Job Title)			How did you hear about this position?	
Name (Last, First, and Middle Initial)			Earliest available date to start?	
Mailing Address (Include apartment number)		E-Mail Address		Social Security Number Required Upon Hire.
City	State	ZIP		Home Telephone
Age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family member working at Josephine? <input type="checkbox"/> Yes <input type="checkbox"/> No			Work / Message Telephone
Name: _____				
Have you ever worked at Josephine? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____				
Emergency Contact Name:		Emergency Contact Phone Number:		Emergency Contact Relation:

Part 2. Education and Training						
Have you graduated from high school or passed the GED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
List college, business school, military training, and other relevant education.						
School Name and Location	Credits Earned			Major	Degree Received?	Type of Degree Awarded
	Quarter	Semester	Other (Specify)			
1.						
2.						
3.						

Part 3. Certifications / Proficiencies / Skills / Languages			
If a certificate, registration, driver's license or other license is required for this position, please complete the following:			Other than English, what languages do you speak, read, or write fluently?
Type	License Number	Expiration Date	Driver's License
NAC			CDL
RN / LPN			Food Handlers Permit
Other:			First Aid / CPR
Do you have any current or past restrictions on your Professional license? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, please list restrictions below.	

Part 4. References	
Name	Name
Relationship	Relationship
Address	Address
Phone	Phone

**Part 5. Employment History: List jobs beginning with your present or most recent employer.**

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone			Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone			Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone			Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone			Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

### Part 5. Employment History: (Continued)

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone			Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone			Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone			Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone			Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

## Part 6. Preferences

- A. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends
- B. Check which job status you will accept:  Full-time  Part-time  Non-Permanent  
 On-Call  Project

## Part 7. Eligibility

- A. Are you legally eligible for employment in the United States?  Yes  No.  
Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certificate verifying your identity and employment eligibility. You will also be required to provide documentation, should you be employed.
- B. Are you willing and able to provide your own transportation?  Yes  No
- C. Have you ever been convicted for any violation(s) of the law?  Yes  No
- If Yes, please explain:

Part 8. Please use the space below to describe hobbies, community involvement or interests you have. Please use an additional sheet of paper if necessary.

## Part 9. Authorization and Certification

I certify that the statements in the application are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal.

I authorize Josephine to investigate and verify any of the information I have submitted. I understand that any offer of employment is contingent upon Josephine receiving satisfactory results from a criminal background check. I understand that should investigation disclose misrepresentation, falsification or omissions, such findings may be grounds for rejection of my application or immediate dismissal from employment. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information.

If employed, I release Josephine from any liability for future references it may provide regarding my work history at Josephine.

I understand that employment, if offered, will be at the will of Josephine and myself, and may be terminated at any time by either party with or without cause or reason.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Josephine's interest, nor will I become engaged in such activity or business if employed.

If employed, I further agree that if I lose, purposely damage, or fail to return any firm property, Josephine is authorized to deduct from my wages sufficient funds to repay such.

I hereby certify that all entries and attachments are true and complete

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is voluntary. Please return to the front office. It is not part of the application and will be processed separately.

### Affirmative Action Information

To ensure equal employment opportunity, we ask your **voluntary** cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel and is not a part of the application process. Please review the Affirmative Action definitions at the bottom of the page.

1. Name (Last, First, Middle Initial)		2. Date of Birth	3. Social Security Number (Optional)	4. Are you <input type="checkbox"/> Male <input type="checkbox"/> Female
5. What race or culture do you consider yourself? <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other Race (Indicate Race or Culture) _____ <input type="checkbox"/> Multi-Racial (Indicate Races or Cultures) _____		6. Have you ever been on active duty in the US Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ to _____ <input type="checkbox"/> Vietnam Era Veteran		
Date	Signature (voluntary)			

### Affirmative Action Definitions

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**American Indian or Alaskan Native.** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Native Hawaiian or Other Pacific Islander.** A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black/African-American.** A person with origins in any of the Black racial groups of Africa.

**White/Caucasian.** A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Disabled Veteran.** A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the Department of Veteran's Affairs Secretary confirming employment handicap as it relates to item (B).

**Vietnam-era Veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961\*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975.

\*Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.





### Background Check & Information Release

In connection with my application for employment I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits to include oral assessments of my job performance, experiences and abilities along with reasons for termination of past employment.

Furthermore, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, educational background and other past experiences. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name and all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print First, Middle and Last Name

\_\_\_\_\_  
Signature

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Former Names: \_\_\_\_\_

Current Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates (Month & Year) at address: \_\_\_\_\_

If less than 1 year at the current address, please enter prior address:

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates (Month & full year) \_\_\_\_\_





**Reference of Employment for Applicant**

I hereby authorize the individual, company or institution listed below to furnish Josephine Caring Community with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company or institution and all individuals connected therewith, including Josephine Caring Community, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of employer from whom information is requested)

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Record of Employment

Position(s) Held: \_\_\_\_\_

Date(s) of Employment: \_\_\_\_\_

Reason Employment Ended: \_\_\_\_\_

Please rate Applicant in each of the following areas:

- |               |           |      |         |            |      |
|---------------|-----------|------|---------|------------|------|
| 1. Job Skill  | Excellent | Good | Average | Below Avg. | Poor |
| 2. Initiative | Excellent | Good | Average | Below Avg. | Poor |
| 3. Attendance | Excellent | Good | Average | Below Avg. | Poor |
| 4. Conduct    | Excellent | Good | Average | Below Avg. | Poor |

Would you rehire applicant?       Yes       No

Name/Signature of current/past employer providing reference: \_\_\_\_\_ Title: \_\_\_\_\_

Name/Signature of Josephine staff member accepting verbal reference: \_\_\_\_\_ Title: \_\_\_\_\_

**Reference of Employment for Applicant**

I hereby authorize the individual, company or institution listed below to furnish Josephine Caring Community with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company or institution and all individuals connected therewith, including Josephine Caring Community, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of employer from whom information is requested)

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Record of Employment

Position(s) Held: \_\_\_\_\_

Date(s) of Employment: \_\_\_\_\_

Reason Employment Ended: \_\_\_\_\_

Please rate Applicant in each of the following areas:

1. Job Skill	Excellent	Good	Average	Below Avg.	Poor
2. Initiative	Excellent	Good	Average	Below Avg.	Poor
3. Attendance	Excellent	Good	Average	Below Avg.	Poor
4. Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire applicant?       Yes       No

Name/Signature of current/past employer providing reference: \_\_\_\_\_ Title: \_\_\_\_\_

Name/Signature of Josephine staff member accepting verbal reference: \_\_\_\_\_ Title: \_\_\_\_\_



**Reference of Employment for Applicant**

I hereby authorize the individual, company or institution listed below to furnish Josephine Caring Community with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company or institution and all individuals connected therewith, including Josephine Caring Community, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of employer from whom information is requested)

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Record of Employment

Position(s) Held: \_\_\_\_\_

Date(s) of Employment: \_\_\_\_\_

Reason Employment Ended: \_\_\_\_\_

Please rate Applicant in each of the following areas:

1. Job Skill	Excellent	Good	Average	Below Avg.	Poor
2. Initiative	Excellent	Good	Average	Below Avg.	Poor
3. Attendance	Excellent	Good	Average	Below Avg.	Poor
4. Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire applicant?       Yes       No

Name/Signature of current/past employer providing reference: \_\_\_\_\_ Title: \_\_\_\_\_

Name/Signature of Josephine staff member accepting verbal reference: \_\_\_\_\_ Title: \_\_\_\_\_

# Background Check Authorization

<b>Section 1. Required: Applicant Information</b> (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).			
1. <b>REQUIRED:</b> LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID) FIRST	MIDDLE	LAST	
2. <b>REQUIRED:</b> OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED FIRST	MIDDLE	LAST	
3. <b>REQUIRED:</b> DATE OF BIRTH (MM/DD/YYYY)	4. <b>REQUIRED:</b> PHONE NUMBER (INCLUDE AREA CODE) <input type="checkbox"/> I authorize BCCU to leave a detailed message.		
5. EMAIL ADDRESS		<input type="checkbox"/> By checking this box, I consent to and authorize BCCU to email my confidential and sensitive background check information, including a fingerprint rap sheet (if applicable), to the email address I have provided. By NOT checking this box, BCCU will use the mailing address provided to send me my background check information.	
6. SOCIAL SECURITY NUMBER	7A. <b>REQUIRED:</b> VALID DRIVER'S LICENSE OR STATE ID ( <b>WRITE NONE IF NONE</b> )	7B. <b>REQUIRED:</b> ISSUING STATE	
8. <b>REQUIRED:</b> HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. <b>REQUIRED:</b> <u>MAILING</u> ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION			
STREET	APT. NO.	CITY	STATE      ZIP CODE
10. <b>REQUIRED:</b> PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)			
STREET	APT. NO.	CITY	STATE      ZIP CODE
<b>Section 2. Required: Self-Disclosure Questions</b> for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. <b>SEE INSTRUCTIONS.</b>			
11A. Have you been convicted of any crime? If <u>yes</u> , complete Page 2, Section 3..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
11B. Do you have charges (pending) against you for any crime? If <u>yes</u> , complete Page 2, Section 4..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? .. <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? .. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>• Permanent vulnerable adult protection order / restraining order, either active or expired.</li> <li>• Sexual assault protection order.</li> <li>• Permanent civil anti-harassment protection order, either active or expired.</li> </ul>			
I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children. I understand and agree my signature in the box below means: <ul style="list-style-type: none"> <li>• I give DSHS permission to check my background with any governmental entity and law enforcement agency.</li> <li>• My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.</li> <li>• If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.</li> <li>• DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.</li> </ul>			
15. <b>REQUIRED:</b> SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.			16. <b>REQUIRED:</b> TODAY'S DATE (MM/DD/YYYY)

# Background Check Authorization

## List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

**Important information about answering self-disclosure questions:** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

**REQUIRED:** PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID

FIRST:	MIDDLE:	LAST:
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**REQUIRED:** DATE OF BIRTH (MM/DD/YYYY)

**Section 3. Question 11A.** If you check **YES**, you must enter the crime name, degree (if any), state, conviction date, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
---------------	-----------------	-------	------------------------------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
---------------	-----------------	-------	------------------------------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
---------------	-----------------	-------	------------------------------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

**Section 4. Question 11B.** If you check **YES**, you must enter the PENDING charge name, degree (if any), state, and crime information.

1. CRIME NAME	DEGREE (IF ANY)	STATE
---------------	-----------------	-------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
---------------	-----------------	-------	------------------------------

Other crime information:  Attempted  Conspiracy  Domestic Violence  Solicitation  With Sexual Motivation  N/A

DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)

**Instructions for Completing the Background Check Authorization form, DSHS 09-653**

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

**Important:** The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word "REQUIRED:" next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

**This form is to be completed by the applicant,** the person whose background DSHS is checking.

BOX NO.	INSTRUCTIONS
1	Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write <b>N/A</b> in each field that you do not have a name to enter.
2	Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter <b>N/A</b> in the appropriate box. Do not leave any of the boxes blank.
3	Print your date of birth listing the month, day, and year (MM/DD/YYYY).
4	Phone number where you can be reached Monday through Friday between 8:00 AM to 5:00 PM. By checking the box, you are authorizing BCCU to leave a detailed message.
5	By providing your email address and checking the consent box, you are giving BCCU consent to send you confidential and sensitive background check information, including a fingerprint rap sheet (if applicable). BCCU will not mail or email when no background information is found (No Record). Contact BCCU if you have questions.
6	You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check.
7A	Print your Driver's License or state-issued ID number.
7B	The state where your Driver's License or ID was issued.
8	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer <b>NO</b> . If you have lived in any state or country other than Washington State within the last three years (36 months), answer <b>YES</b> .
9	Print your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Print your street address if it is different than your mailing address. If your street address and mailing address are the same, enter <b>SAME</b> .
11A	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or <b>N/A</b> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
11B	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or <b>N/A</b> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
12 – 14	Read each question carefully before answering. You must check <b>YES</b> or <b>NO</b> . <b>Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.</b>
15	Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.
16	Enter the month / day / year (MM/DD/YYYY) you signed Box 15.
<p><b>Important Information about Answering Self-Disclosure Questions (11A-14):</b> Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.</p> <p><b>Questions about the Background Check Process:</b> Contact the Background Check Central Unit (BCCU) by email <a href="mailto:bccuinquiry@dshs.wa.gov">bccuinquiry@dshs.wa.gov</a> or phone at 360-902-0299.</p>	