

## CHELAN COUNTY JUVENILE COURT

### APPLICANT DISCLOSURE AND NOTIFICATION OF RECORDS CHECK

Name: \_\_\_\_\_ email: \_\_\_\_\_

Other name(s) used: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### IMPORTANT APPLICANT INFORMATION

You are applying for a position which is directly responsible for the care, supervision, or treatment of children. RCW 43.43.834 requires such applicants to sign a disclosure statement relating to criminal convictions, civil adjudications, and disciplinary board final decisions.

If you wish to be considered, you must complete and sign this Applicant Disclosure and Notification of Records Check form. Failure to complete and sign this form will disqualify you from further consideration.

**A criminal history records check will be conducted through state and federal law enforcement agencies if a conditional job offer is made. Information obtained from the disclosure statement and records check will be used only for making the initial employment decision, and will not be further disseminated.**

Any offer of employment will be conditional, and will depend on passing the records check and a background investigation. If a criminal history records check is conducted, you will be notified of the response to such inquiry and a copy of that response will be provided to you upon your request.

### APPLICANT DISCLOSURE STATEMENT

**Please answer the following questions:**

1. Have you ever been convicted of any crime? \_\_\_\_\_
2. Have you ever been found in any judicial or administrative adjudicative proceeding to have engaged in any act of domestic violence, child abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law?  
\_\_\_\_\_
3. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? \_\_\_\_\_

4. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? \_\_\_\_\_
5. Have you been civilly or administratively adjudicated to have engaged or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? \_\_\_\_\_
6. Have you ever been investigated by Child Protective Services for an allegation of abuse or neglect? \_\_\_\_\_

### **POTENTIAL DISQUALIFICATIONS**

THE FOLLOWING LIST INCLUDES SOME OF THE FACTORS THAT MAY DISQUALIFY YOU FROM EMPLOYMENT WITH THE CHELAN COUNTY JUVENILE COURT. THE LIST IS NOT EXCLUSIVE.

Applicants with the following history are automatically disqualified from employment in the juvenile detention center staff:

1. Found in any judicial or administrative adjudicative proceeding to have engaged in any act of domestic violence, child abuse, sexual abuse, neglect, abandonment, violation of professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law;
  2. Current or recent illegal drug use
  3. Felony/violent criminal history
  4. DWI conviction within the last five years
  5. History of physical or sexual abuse of children or vulnerable adults
-

## **CHELAN COUNTY JUVENILE COURT**

### **AUTHORIZATION FOR REFERENCE CHECK AND RELEASE OF LIABILITY**

As an applicant for employment, I hereby authorize the Chelan County Juvenile Court to conduct a reference check regarding my qualifications and suitability for the position, including education, skills, work habits, and experience. This reference check may include contacting current and former employers and school officials, the persons listed on my application as references, and other persons with knowledge of my qualifications, skills, and character.

I hereby give permission for any of the persons listed as references, any of my past employers or supervisors, and any of my past schools and their staff and administrators to release to the Chelan County Juvenile Court any and all information relevant to my suitability for employment. I agree to release from liability all of the above-mentioned persons or entities for responding truthfully to any reasonable employment-related inquiry, or for providing employment, educational, or other records that contain information relevant to my character, performance, education, qualifications, skills, work habits, and experience.

I understand that the information provided to the Chelan County Juvenile Court will be used solely for purposes of determining suitability for employment, and will not be further disseminated.

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Printed Name of Applicant

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Signature of Applicant

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Date

# CHELAN COUNTY JUVENILE COURT EMPLOYMENT APPLICATION

Position you are applying for: \_\_\_\_\_

## Personal Information

|                                                                                   |        |                                    |                                                                                                                                                                         |          |
|-----------------------------------------------------------------------------------|--------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1. Your Name (Please print):</b>                                               |        |                                    |                                                                                                                                                                         |          |
| Last                                                                              |        | First                              | Middle                                                                                                                                                                  |          |
| Other names you have used or been known by, including nicknames                   |        |                                    |                                                                                                                                                                         |          |
| <b>2. Please list address at which you can be contacted</b>                       |        |                                    |                                                                                                                                                                         |          |
| Number                                                                            | Street | City                               | State                                                                                                                                                                   | Zip Code |
| <b>3. Please list the local telephone number(s) at which you can be contacted</b> |        |                                    |                                                                                                                                                                         |          |
| (    )<br>Hours you can be reached                                                |        | (    )<br>Hours you can be reached |                                                                                                                                                                         |          |
| <b>4. Date of Birth</b>                                                           |        |                                    |                                                                                                                                                                         |          |
| Month                                                                             | Day    | Year                               |                                                                                                                                                                         |          |
| <b>5. Social Security Number</b>                                                  |        |                                    | In accordance with the Federal Privacy Act of 1974, disclosure is voluntary.<br>The SSN will be used for identification purposes to ensure proper records are obtained. |          |
|                                                                                   |        |                                    |                                                                                                                                                                         |          |

## References

| <b>6. In the space below, please list as references three to five individuals who have knowledge of you and your qualifications.</b> |                                                                                            |                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Name                                                                                                                                 | Address where person can be contacted (include city, state, and zip code)                  | Telephone and email at which person can be contacted                                       |
|                                                                                                                                      | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |
|                                                                                                                                      | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |
|                                                                                                                                      | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |
|                                                                                                                                      | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |
|                                                                                                                                      | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |

|                                                                                                                                                                                                                                                            |                                                                                            |                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 7. In the space below, please list as references three to five individuals who are social acquaintances (persons you have seen frequently during the past year) who have knowledge of you and your qualifications. Exclude relatives and former employers. |                                                                                            |                                                                                            |
| Name                                                                                                                                                                                                                                                       | Address where person can be contacted (include city, state, and zip code)                  | Telephone and email at which person can be contacted                                       |
|                                                                                                                                                                                                                                                            | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |
|                                                                                                                                                                                                                                                            | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |
|                                                                                                                                                                                                                                                            | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |
|                                                                                                                                                                                                                                                            | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |
|                                                                                                                                                                                                                                                            | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email |

### Education:

|                                                                     |
|---------------------------------------------------------------------|
| 8. Check the appropriate box indicating your high school status.    |
| <input type="checkbox"/> I possess a high school diploma            |
| <input type="checkbox"/> I passed the G.E.D.                        |
| <input type="checkbox"/> I possess other equivalent. Explain: _____ |
|                                                                     |
|                                                                     |
|                                                                     |

| 9. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts. Specify degrees or diplomas. |                                        |                                                |  |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------|--|------------------|
| Name of School                                                                                                                                                                                                                                                                                                  | Location of School<br>(City and State) | Dates Attended<br>From                      To |  | Degrees/Diplomas |
|                                                                                                                                                                                                                                                                                                                 |                                        |                                                |  |                  |
|                                                                                                                                                                                                                                                                                                                 |                                        |                                                |  |                  |
|                                                                                                                                                                                                                                                                                                                 |                                        |                                                |  |                  |
|                                                                                                                                                                                                                                                                                                                 |                                        |                                                |  |                  |
|                                                                                                                                                                                                                                                                                                                 |                                        |                                                |  |                  |

|                                               |
|-----------------------------------------------|
| 10. List any academic achievements or awards. |
|                                               |
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|                                               |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11. Have you ever been suspended or expelled from any secondary school, including high schools, colleges, universities, graduate schools, business and vocational schools, or any other educational program other than elementary school? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," please explain (include school, date, and circumstances): |
|                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                           |

### Experience and Employment

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. Beginning with <b><u>your current employment</u></b> , please list all jobs you have held. For purposes of this personal history statement, volunteer work should be included as employment. For each position, please indicate whether it was full-time, part-time, temporary, or voluntary/unpaid. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor            |
|----------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|
| From:    Mo.        Yr.<br>/<br>To:        Mo.        Yr.<br>/                                                 | Phone #                      |                               |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers           |
| Reason for leaving:                                                                                            |                              |                               |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                | From:    Mo.        Yr.<br>/ | To        Mo.        Yr.<br>/ |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                               |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor  |
|----------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                     |
| To: Mo. Yr.<br>/                                                                                               |                              |                     |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers |
|                                                                                                                |                              |                     |
| Reason for leaving:                                                                                            |                              |                     |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                | From: Mo. Yr.<br>/           | To: Mo. Yr.<br>/    |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                     |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor  |
|----------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                     |
| To: Mo. Yr.<br>/                                                                                               |                              |                     |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers |
|                                                                                                                |                              |                     |
| Reason for leaving:                                                                                            |                              |                     |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                | From: Mo. Yr.<br>/           | To: Mo. Yr.<br>/    |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                     |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor  |
|----------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                     |
| To: Mo. Yr.<br>/                                                                                               |                              |                     |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers |
|                                                                                                                |                              |                     |
| Reason for leaving:                                                                                            |                              |                     |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                | From: Mo. Yr.<br>/           | To: Mo. Yr.<br>/    |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                     |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor  |
|----------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                     |
| To: Mo. Yr.<br>/                                                                                               |                              |                     |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers |
|                                                                                                                |                              |                     |
| Reason for leaving:                                                                                            |                              |                     |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                | From: Mo. Yr.<br>/           | To: Mo. Yr.<br>/    |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                     |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor  |
|----------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                     |
| To: Mo. Yr.<br>/                                                                                               |                              |                     |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers |
|                                                                                                                |                              |                     |
| Reason for leaving:                                                                                            |                              |                     |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                | From: Mo. Yr.<br>/           | To: Mo. Yr.<br>/    |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                     |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor  |
|----------------------------------------------------------------------------------------------------------------|------------------------------|---------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                     |
| To: Mo. Yr.<br>/                                                                                               |                              |                     |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers |
|                                                                                                                |                              |                     |
| Reason for leaving:                                                                                            |                              |                     |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                | From: Mo. Yr.<br>/           | To: Mo. Yr.<br>/    |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                     |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor                                                |
|----------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                                                                   |
| To: Mo. Yr.<br>/                                                                                               |                              |                                                                   |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers                                               |
|                                                                                                                |                              |                                                                   |
| Reason for leaving:                                                                                            |                              |                                                                   |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                |                              | From: Mo. Yr.    To Mo. Yr.<br>/                                / |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                                                                   |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor                                                |
|----------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                                                                   |
| To: Mo. Yr.<br>/                                                                                               |                              |                                                                   |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers                                               |
|                                                                                                                |                              |                                                                   |
| Reason for leaving:                                                                                            |                              |                                                                   |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                |                              | From: Mo. Yr.    To Mo. Yr.<br>/                                / |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                                                                   |

| Dates of Employment                                                                                            | Name and address of employer | Name of supervisor                                                |
|----------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------|
| From: Mo. Yr.<br>/                                                                                             | Phone #                      |                                                                   |
| To: Mo. Yr.<br>/                                                                                               |                              |                                                                   |
| <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Voluntary | Title or duties              | Names of co-workers                                               |
|                                                                                                                |                              |                                                                   |
| Reason for leaving:                                                                                            |                              |                                                                   |
| <input type="checkbox"/> Military Service <input type="checkbox"/> Not employed                                |                              | From: Mo. Yr.    To Mo. Yr.<br>/                                / |
| May we contact this present or previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                              |                                                                   |

13. Would any problem result if your present employer was contacted during the course of the background investigation? ☐ Yes ☐ No  
 If "Yes," when should such contact be made? \_\_\_\_\_  
 \_\_\_\_\_

14. If you have had no prior employment, please explain in the space below:

|  |
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|  |
|  |
|  |

15. Have you ever been terminated, or asked to resign from any place of employment, or have you ever resigned in order to avoid being terminated? ☐ Yes ☐ No  
 If "Yes," please give details, including when, where, and circumstances.

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16. Have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? ☐ Yes ☐ No  
 If "Yes," please give details, including when, name of agency, and circumstances.

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### **Military Service**

17. Have you ever served in the armed forces, National Guard or military reserves? ☐ Yes ☐ No  
 If "Yes," please supply the following information:

|                   |                |                                            |  |
|-------------------|----------------|--------------------------------------------|--|
| Branch of Service | Service Number | Dates of Service<br>____/____ to ____/____ |  |
|-------------------|----------------|--------------------------------------------|--|

18. Are you currently participating in any military reserve or National Guard program? ☐ Yes ☐ No

19. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? ☐ Yes ☐ No  
 If "Yes," please give details, including when, where, and circumstances.

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