



OLYMPIC AREA AGENCY ON AGING

APPLICATION FOR EMPLOYMENT

O3A is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT or TYPE)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address <i>Number</i> Street	City	State Zip Code
Telephone Number(s)	Email Address	

Best Time to contact you at home is:	AM/PM	
Have you ever filed an application with us before? If Yes, Give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives work for O3A: If Yes, state name, relationship and office location:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been dismissed, discharged, fired or asked to resign from a position? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date available for work: _____	What is your desired salary range: _____
Are you available for work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary (Dates available) _____ to _____ mm/dd/yy mm/dd/yy	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about this position? _____	
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.	
Are you capable of performing the essential functions of the position, with or without a reasonable accommodation, for which you have applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				
License (if applicable)	State	License #	Expir.	

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments. Please include all recent and relevant jobs/positions. Attach additional pages if necessary. "See Resume" will not be accepted.

Employer	Dates Employed		Primary Duties
	From		
Address	Month	Year	
Telephone Number(s)	To		
Starting/Present Job Title	Month	Year	
Supervisor	Hours/Week		
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Primary Duties
	From		
Address	Month	Year	
Telephone Number(s)	To		
Starting/Present Job Title	Month	Year	
Supervisor	Hours/Week		
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Primary Duties
	From		
Address	Month	Year	
Telephone Number(s)	To		
Starting/Present Job Title	Month	Year	
Supervisor	Hours/Week		
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Primary Duties
	From		
Address	Month	Year	
Telephone Number(s)	To		
Starting/Present Job Title	Month	Year	
Supervisor	Hours/Week		
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Primary Duties
	From		
Address	Month	Year	
Telephone Number(s)	To		
Starting/Present Job Title	Month	Year	
Supervisor	Hours/Week		
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Primary Duties
	From		
Address	Month	Year	
Telephone Number(s)	To		
Starting/Present Job Title	Month	Year	
Supervisor	Hours/Week		
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Primary Duties
	From		
Address	Month	Year	
Telephone Number(s)	To		
Starting/Present Job Title	Month	Year	
Supervisor	Hours/Week		
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References: Do not include family members or past supervisors.

Name	Telephone Number	Best time to call	Organization/Occupation

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, or skills.

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information. State any additional information you feel may be helpful to us in considering your application.

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APPLICANT'S STATEMENT

- To the best of my knowledge, the information herein is true and complete. I understand that providing false information on my application or during the hiring process will be grounds for elimination from further consideration or, if employed, for dismissal at any time.*
- I understand that I will be required to provide documentation showing authorization to work in the United States.*
- I hereby authorize the company or its agents to solicit information regarding my previous employment, educational background and any other similar background information regarding my character, general reputation and credit, and to contact any previous employers and references I have given on my employment application regarding this information. I authorize all previous employers to furnish the company or its agents with any and all such information as described above that they may have regarding my employment and reason for leaving. I release all parties and persons connected with any such request for information or the furnishing of such information from all claims, liabilities and damages for any reason arising out of the request. If employed, I release the company from any liability for future references the company may provide regarding my work history.*
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by The Executive Director of this organization.*

Signature of Applicant

Date



Olympic Area Agency on Aging

2200 W. Sims Way, Unit #100

Port Townsend, WA 98368

www.o3a.org

Phone: 360-379-5064 or 1-866-720-4863 Fax: 360-379-5074

Applicant Background Inquiries

Please read carefully before signing

Employment References Release & Waiver of Liability

I hereby authorize Olympic Area Agency on Aging to solicit and receive information from my past employers and other references.

I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding my employment. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive any and all legal claims against O3A for such inquiries and each employer, or its officers, agents, directors, or representatives who provide employment information to O3A.

Applicant Signature

Date

Criminal Background Check Authorization

Employees of O3A may have access to confidential and sensitive information related to vulnerable adults and children. For this reason, all prospective employees must agree to authorize O3A to conduct a criminal background check. At some point in the final steps of the selection process, you will be requested to sign a form that authorizes O3A to conduct a criminal background check.

I understand O3A will conduct a criminal background check in the final steps of the selection process.

Applicant Signature

Date

Print Name

OLYMPIC AREA AGENCY ON AGING

2200 W. Sims Way, Unit #110

Port Townsend, WA 98368

866-720-4863

FAX 360-379-5074

PROFILE DATA

Olympic Area Agency on Aging (O3A) is an equal opportunity employer and encourages all qualified persons including disabled and Vietnam era veterans, women, racial and ethnic minorities, people with disabilities, and persons over 40 years of age to apply. We ask you to voluntarily answer the following questions and return with your completed application. This information will be treated as confidential. This page will be separated from your application prior to employment screening and will be used only by authorized personnel for federal/state reporting purposes.

Name:

Date of Birth:

Sex: ☐ Male ☐ Female

Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning? ☐ Yes ☐ No

Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Vietnam Era Veteran: ☐ Yes ☐ No

Disabled Veteran: ☐ Yes ☐ No

Percent of Disability: %

If claiming Veteran's preference, please attach a copy of DD214 for Verification purposes.

What race or culture do you consider yourself? Please check only one group. If you are of more than one race, please check "Other Race".

☐ **Black/African-American**

☐ **White/Caucasian**

☐ **Asian or Pacific Islander**

☐ **Indian/Native American**

☐ **Hispanic/Spanish/Latino(a)**

☐ **Other** (please indicate race(s)/culture(s) and list in order of preference for Affirmative action purposes):

Signature: _____ **Date:** _____

Background Check Authorization

Section 1. Required: Applicant Information (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. REQUIRED: LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)		
FIRST	MIDDLE	LAST
2. REQUIRED: OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED		
FIRST	MIDDLE	LAST
3. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	4. REQUIRED: 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. REQUIRED: VALID DRIVER'S LICENSE OR STATE ID (WRITE NONE IF NONE)	7B. REQUIRED: ISSUING STATE
8. REQUIRED: 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. REQUIRED: <u>MAILING</u> ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION		
STREET	APT. NO. CITY	STATE ZIP CODE
10. REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)		
STREET	APT. NO. CITY	STATE ZIP CODE

Section 2. Required: Self-Disclosure Questions 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. **SEE INSTRUCTIONS.**

- 11A. Have you been convicted of any crime? If yes, complete Page 2, Section 3..... ☐ Yes ☐ No
- 11B. Do you have charges (pending) against you for any crime? If yes, complete Page 2, Section 4..... ☐ Yes ☐ 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? .. ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No
- Permanent vulnerable adult protection order / restraining order, either active or expired.
 - Sexual assault protection order.
 - Permanent civil anti-harassment protection order, either active or expired.

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:

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- 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.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- 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.

15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.	16. REQUIRED: TODAY'S DATE (MM/DD/YYYY)
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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:

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)
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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)
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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
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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 N/A 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 N/A 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 NO . If you have lived in any state or country other than Washington State within the last three years (36 months), answer YES .
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 you street address and mailing address are the same, enter SAME .
11A	You must check YES or NO . If you check YES , 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 N/A . 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 YES or NO . If you check YES , 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 N/A . 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 YES or NO . Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.
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>Important Information about Answering Self-Disclosure Questions (11A-14): 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>Questions about the Background Check Process: Contact the Background Check Central Unit (BCCU) by email bccuinquiry@dsht.wa.gov or phone at 360-902-0299.</p>	