



Pioneer Place Memory Haven is committed to providing C.A.R.E.  
Compassion and Respect Everyday

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**Welcome to Pioneer Place Memory Haven (PPMH), an assisted-living facility specializing in Alzheimer’s and dementia related care. We look forward to welcoming you to our team!**

Continuous employment with PPMH is contingent upon meeting the following Washington State requirements:

**Long-Term Care Workers must fall into one of the following categories:**

- A current Certified Nursing Assistant License
- A current Home Care Aide License
- Exempt status (Worked in long-term care in 2011(In the state of Washington), Proof of Employment, Certificate of Completion Fundamentals of Care). Will be required to obtain N.A.R.

*PPMH will also consider candidates who are willing to/or actively enrolled in a C.N.A. or H.C.A. program or have just completed a program and are waiting to test (must be completed within 150 days of hire).*

**Upon Employment:**

- Complete a TB test
- Pass a Drug Screen test
- Pass a Washington State Patrol Background Check
- Pass an FBI Fingerprint Check
- Must have a current CPR/First Aid card – Within 30 days
- Complete the Dementia Training Course – Within 150 days
- Complete the Mental Health Training Course – Within 150 days
- 12 Continuing Education Credits per year (6 must be Dementia) – By Birthday
- Annual renewal of all required certifications (C.N.A., N.A.R., H.C.A)

Mental Health and Dementia Classes will be offered at no expense to PPMH employees at intervals (outside of scheduled work hours) or a list of community providers will be made available to be completed at your expense.

All classes will be the sole responsibility of the worker to obtain within indicated days of hire at PPMH. All classes will be paid for by the worker. All annual certifications and continuing education credits are the responsibility of the employee to be kept current and active. Employees of PPMH will be removed from the schedule for failure to comply in accordance with Washington Administrative Code 388-112.

The position you are applying for demands good physical and mental health. The position may require you to lift, carry, walk, sit, push, pull, and you must be able to move continuously during working hours and be able to lift and/or carry up to 50 pounds.

Candidates for employment will be invited post-interview for an Un-paid Orientation Day at PPMH. Job offers will be made at the end of the day to successful applicants. This will be the time you accept an offer of employment. By signing below you acknowledge you are physically fit/able to perform the functions of this position and agree with the contents of this document.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# PIONEER PLACE MEMORY HAVEN

## Employment Application

The Civil Rights Act of 1964 prohibits discrimination in employment due to race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental issues, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to, information regarding credit data, personal character, general reputation and mode of living. **This list only covers some of the grounds on which discrimination is prohibited.**

| APPLICANT INFORMATION                                         |  |                              |                             |                                                |                                |
|---------------------------------------------------------------|--|------------------------------|-----------------------------|------------------------------------------------|--------------------------------|
| Last Name                                                     |  | First                        |                             | M.I.                                           | Date                           |
| Street Address                                                |  |                              |                             | Apartment/Unit #                               |                                |
| City                                                          |  | State                        |                             | ZIP                                            |                                |
| Phone                                                         |  | E-mail Address               |                             |                                                |                                |
| Date Available                                                |  | Social Security No.          |                             | Desired Salary                                 |                                |
| Position Applied for                                          |  |                              |                             |                                                |                                |
| Are you a citizen of the United States?                       |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |                                |
|                                                               |  |                              |                             | YES <input type="checkbox"/>                   | NO <input type="checkbox"/>    |
| Have you ever worked for this company?                        |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |                                |
| Are you over 18 years of age?                                 |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Preferred Shift                                |                                |
|                                                               |  |                              |                             | AM <input type="checkbox"/>                    | PM <input type="checkbox"/>    |
|                                                               |  |                              |                             | 6:30a-2:45p                                    | 2:30p-10:45p                   |
|                                                               |  |                              |                             |                                                | NIGHT <input type="checkbox"/> |
|                                                               |  |                              |                             |                                                | 10:30p-6:45a                   |
| Do you have a relative that works for this company? Yes or No |  |                              |                             |                                                |                                |

| EDUCATION          |    |                   |                              |                             |        |
|--------------------|----|-------------------|------------------------------|-----------------------------|--------|
| <b>High School</b> |    |                   | Address                      |                             |        |
| From               | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| <b>College</b>     |    |                   | Address                      |                             |        |
| From               | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| <b>Other</b>       |    |                   | Address                      |                             |        |
| From               | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| REFERENCES                                        |              |
|---------------------------------------------------|--------------|
| <i>Please list three professional references.</i> |              |
| <b>Full Name</b>                                  | Relationship |
| Company                                           | Phone ( )    |
| Address                                           |              |
| <b>Full Name</b>                                  | Relationship |
| Company                                           | Phone ( )    |
| Address                                           |              |
| <b>Full Name</b>                                  | Relationship |
| Company                                           | Phone ( )    |
| Address                                           |              |

| PREVIOUS EMPLOYMENT                                                                                               |                 |                    |                  |
|-------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------|
| Company                                                                                                           |                 | Phone ( )          |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                           |                 | Phone ( )          |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                           |                 | Phone ( )          |                  |
| Address                                                                                                           |                 | Supervisor         |                  |
| Job Title                                                                                                         | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                  |                 |                    |                  |
| From                                                                                                              | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

Please list all job related experiences, skills, or other qualifications which you feel would be applicable to the position for which you are applying.

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Please check the box if you currently have any of the following documents, certificates, licenses, or other.

(Check all that apply)

- CPR / 1<sup>st</sup> Aid
- Fundamentals of Caregiving Certificate
- Dementia Training Certificate
- Mental Health Training Certificate
- Nurse Delegation Certificate
- CNA Certificate
- NAR Certificate
- LPN License
- RN License
- Other:

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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

For Office Use Only

Employee ID Number:

**Pioneer Place Memory Haven  
Previous Employer Reference Check  
253.539.4012 fax**

Applicant Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Company Providing Reference: (Previous employer) \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_ Contact Name & Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

I authorize the release to Pioneer Place Memory haven of information held by any parties regarding my previous employment and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

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

**APPLICANT DO NOT WRITE BELOW THIS LINE**

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The individual above has applied for the position of: \_\_\_\_\_ with Pioneer Place Memory Haven. To comply with good employment practices, please furnish the information requested below. Any and all information will be held in the strictest confidence and not divulged to the applicant. Your reply will be greatly appreciated.

Pioneer Place Memory Haven Representative: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>PLEASE CHECK MOST APPROPRIATE BOX</b> | <b>EXCELLENT</b> | <b>GOOD</b> | <b>FAIR</b> | <b>UNSATISFACTORY</b> | <b>NOT EVALUATED</b> |
|------------------------------------------|------------------|-------------|-------------|-----------------------|----------------------|
| Quality of work                          |                  |             |             |                       |                      |
| Attendance record                        |                  |             |             |                       |                      |
| Dependability                            |                  |             |             |                       |                      |
| Working Relationship with coworkers      |                  |             |             |                       |                      |
| Working relationship with clients        |                  |             |             |                       |                      |
| Skills related to the job                |                  |             |             |                       |                      |

Are the above employment dates correct? \_\_\_ YES \_\_\_ NO If no, please correct dates: \_\_\_\_\_ to \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Would you rehire this individual? \_\_\_ YES \_\_\_ NO Do you recommend this applicant for employment? \_\_\_ YES \_\_\_ NO

Are you aware of any incident for which this individual was convicted of having abused, neglected, or mistreated an individual?

If yes, please provide the dates and circumstances on an attachment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your fast response. Please fax this form back to Angela Mays, Admin at 253-539-4012  
11519 24<sup>th</sup> Ave East \* Tacoma, WA 98445  
253-539-3410 office \* 253-539-4012 fax \* Angelam@pioneerplacememoryhaven.com**

**Pioneer Place Memory Haven  
Previous Employer Reference Check  
253.539.4012 fax**

Applicant Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Company Providing Reference: (Previous employer) \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_ Contact Name & Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

I authorize the release to Pioneer Place Memory haven of information held by any parties regarding my previous employment and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

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

**APPLICANT DO NOT WRITE BELOW THIS LINE**

The individual above has applied for the position of: \_\_\_\_\_ with Pioneer Place Memory Haven. To comply with good employment practices, please furnish the information requested below. Any and all information will be held in the strictest confidence and not divulged to the applicant. Your reply will be greatly appreciated.

Pioneer Place Memory Haven Representative: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>PLEASE CHECK MOST APPROPRIATE BOX</b> | <b>EXCELLENT</b> | <b>GOOD</b> | <b>FAIR</b> | <b>UNSATISFACTORY</b> | <b>NOT EVALUATED</b> |
|------------------------------------------|------------------|-------------|-------------|-----------------------|----------------------|
| Quality of work                          |                  |             |             |                       |                      |
| Attendance record                        |                  |             |             |                       |                      |
| Dependability                            |                  |             |             |                       |                      |
| Working Relationship with coworkers      |                  |             |             |                       |                      |
| Working relationship with clients        |                  |             |             |                       |                      |
| Skills related to the job                |                  |             |             |                       |                      |

Are the above employment dates correct?  YES  NO If no, please correct dates: \_\_\_\_\_ to \_\_\_\_\_

Reason for separation: \_\_\_\_\_

Would you rehire this individual?  YES  NO Do you recommend this applicant for employment?  YES  NO

Are you aware of any incident for which this individual was convicted of having abused, neglected, or mistreated an individual?

If yes, please provide the dates and circumstances on an attachment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your fast response. Please fax this form back to Angela Mays, Admin Asst. at 253-539-4012  
11519 24<sup>th</sup> Ave East \* Tacoma, WA 98445  
253-539-3410 office \* 253-539-4012 fax \* Angelam@pioneerplacememoryhaven.com**



# Background Authorization

Read the attached instructions before completing this form.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                              |                                                   |                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------|--|
| <b>SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 1A. GIVE NAME OF PERSON OR ENTITY REQUESTING THIS BACKGROUND CHECK<br><b>PIONEER PLACE MEMORY HAVEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 1B. SEE INSTRUCTIONS: GIVE ENTIRE ADDRESS OF PERSON OR ENTITY REQUESTING THE CHECK<br><b>11519 24<sup>TH</sup> AVE EAST TACOMA, WA 98445</b> |                                                   | 1C. REQUIRED BY CHILDREN'S ADMINISTRATION ONLY: GIVE NAME OF FACILITY/FOSTER HOME     |  |
| 2. NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK<br>PRINTED NAME: <b>Angela Mays</b> SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 3. A. REQUIRED ONLY FOR ECONOMIC SERVICES ADMINISTRATION:<br><input type="checkbox"/> WorkFirst contract <input type="checkbox"/> Protective Payee <input type="checkbox"/> In-home relative <input type="checkbox"/> In loco parentis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                              |                                                   |                                                                                       |  |
| B. REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION:<br><input type="checkbox"/> State foster care <input type="checkbox"/> Private agency foster care <input type="checkbox"/> Adoption <input type="checkbox"/> DCFS relative placement <input type="checkbox"/> Contracts<br><input type="checkbox"/> Subject of (or related to) CPS investigation <input type="checkbox"/> Residential facility or child placing agency employee                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                              |                                                   |                                                                                       |  |
| C. REQUIRED ONLY FOR ADULT PROTECTIVE SERVICES:<br><input type="checkbox"/> Subject involved in (or related to) APS investigation per RCW 74.34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                              |                                                   |                                                                                       |  |
| D. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT:<br>DSHS POSITION NUMBER _____ (WRITE NONE IF NONE) DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____<br><input type="checkbox"/> Permanent appointment <input type="checkbox"/> Non-permanent appointment <input type="checkbox"/> Work study <input type="checkbox"/> Volunteer <input type="checkbox"/> Student internship <input type="checkbox"/> Layoff <input type="checkbox"/> On-Call                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 4. SEE INSTRUCTIONS: BCCU ACCOUNT NUMBER<br><b>60008732</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 5A. SEE INSTRUCTIONS: DSHS ID NUMBER OR NAME                                                                                                 |                                                   | 5B. FOR WEB SERVICE FINGERPRINT CHECK: BCCU INQUIRY ID NUMBER                         |  |
| <b>SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 6. SEE INSTRUCTIONS: SOCIAL SECURITY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                              | 7. PRINT YOUR DATE OF BIRTH (MM/DD/YYYY)          |                                                                                       |  |
| 8A. SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR LAST NAME AS IT IS NOW (WRITE NONE IF NONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR FIRST NAME AS IT IS NOW (WRITE NONE IF NONE)                                                         |                                                   | SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR MIDDLE NAME AS IT IS NOW (WRITE NONE IF NONE) |  |
| 8B. PRINT YOUR LAST NAME AT BIRTH (WRITE NONE IF NONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | PRINT YOUR FIRST NAME AT BIRTH (WRITE NONE IF NONE)                                                                                          |                                                   | PRINT YOUR MIDDLE NAME AT BIRTH (WRITE NONE IF NONE)                                  |  |
| 9. PRINT OTHER LAST NAMES YOU HAVE USED AND LAST NAMES YOU HAVE BEEN KNOWN BY (WRITE NONE IF NONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 10. PRINT YOUR NICKNAMES AND ALL OTHER FIRST NAMES YOU HAVE USED AND HAVE BEEN KNOWN BY (WRITE NONE IF NONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 11A. Have you been convicted of any crime? If yes, fill in the blanks below. Add a page if you need more room. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Felony and gross misdemeanor crimes: _____ Degree: _____ State: _____ Conviction date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 11B. Do you have charges (pending) against you for any crime? If yes, fill in the blanks below. Add a page if you need more room. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Felony and gross misdemeanor crimes: _____ Degree: _____ State: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 12. Have you ever received a notice from a court or state agency stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or adult? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 13. Has a court or state agency ever denied you a contract or license; terminated, revoked or suspended your contract or license; or have you ever given up your contract or license because a court or agency was taking action against you? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 14. Has a court ever written an order of protection or a restraining order lasting more than 30 days against you for abuse, neglect, financial exploitation, domestic violence, or abandonment of a vulnerable adult, juvenile, or child? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 15. PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER (WRITE NONE IF NONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                              | PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID |                                                                                       |  |
| 16. How many years have you lived in Washington State without living in another state? _____ Years / _____ Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 17. A. PRINT THE STREET ADDRESS WHERE YOU LIVE NOW CITY STATE ZIP CODE COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                              |                                                   |                                                                                       |  |
| B. SEE INSTRUCTIONS: PRINT THE STREET ADDRESS WHERE YOU LIVED BEFORE YOUR CURRENT ADDRESS CITY STATE ZIP CODE COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                              |                                                   |                                                                                       |  |
| C. SEE INSTRUCTIONS: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 18. 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. My signature in box number 19 means:<br><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>If a founded finding is identified, I give DSHS permission to give only my name and that a founded finding was identified to any persons or entities in Section 1.</li><li>I give DSHS permission to give all my other background information to the persons or entities named in Section 1.</li><li>This permission is good for 90 days from the date signed. I can change my mind about this permission in writing at any time.</li></ul> |  |                                                                                                                                              |                                                   |                                                                                       |  |
| 19. REQUIRED: YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                              |                                                   | 20. REQUIRED: TODAY'S DATE (MM/DD/YYYY)                                               |  |
| <b>FOR USE BY CHILDREN'S ADMINISTRATION STAFF ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                              |                                                   |                                                                                       |  |
| CAMIS files checked by _____ on date _____ <input type="checkbox"/> No information found <input type="checkbox"/> Information available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                              |                                                   |                                                                                       |  |