

# APPLICATION FOR EMPLOYMENT

## Crescent Health Care

505 N. 40<sup>th</sup> Ave.  
Yakima, WA 98908  
(509) 248-4446

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age or the presence of disability.

### PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Phone Number	Social Security #	Today's Date
Present Address			City	State	Zip
Permanent Address			City	State	Zip
Emergency Contact Name and Relationship:			Emergency Phone #:		
Will Visa or immigration status prevent lawful employment?  Yes _____ No _____		Have you in the last seven years been convicted or released from prison for any felony which would affect your fitness to perform any job for which you are applying?  Yes _____ No _____		If yes, explain. A conviction record will not necessarily bar you from employment.	

### EMPLOYMENT DESIRED: Please indicate the position(s) desired the category of work for which you are applying.

Position(s) Applied For:	Available to work: ____ Full Time ____ Part Time	Desired Shift: ____ Days ____ Even ____ Nights	Identify any restrictions on Travel:
How did you hear of the position?			

### EDUCATION:

Name of School	Location	Circle last year completed	Did you graduate?	Subjects studied & degrees received	List any specific training, skills, & experience as well as licenses, certifications which you feel could be used.
High School:		1 2 3 4	____ Yes ____ No		
College:		1 2 3 4	____ Yes ____ No		
Graduate School:		1 2 3 4	____ Yes ____ No		
Trade, Business or Correspondence School		1 2 3 4	____ Yes ____ No		

### U.S. MILITARY SERVICE

Branch of Service:	From:	To:
Present Military Affiliation: ____ None ____ Reserve - Inactive ____ Reserve - Active	Kinds of training and duty while in service:	

EMPLOYMENT RECORD - List your last four employers, starting with the last or current ones first.

Name of Current/Last Employer	Phone Number	Type of Work./Special Skills	Employment Date (MM/YY) From To
Street Address	May we Contact? ___ Yes ___ No		Reason for Leaving:
City: State: Zip:	Person to Contact		Salary: Starting Ending
Name of Current/Last Employer	Phone Number	Type of Work./Special Skills	Employment Date (MM/YY) From To
Street Address	May we Contact? ___ Yes ___ No		Reason for Leaving:
City: State: Zip:	Person to Contact		Salary: Starting Ending
Name of Current/Last Employer	Phone Number	Type of Work./Special Skills	Employment Date (MM/YY) From To
Street Address	May we Contact? ___ Yes ___ No		Reason for Leaving:
City: State: Zip:	Person to Contact		Salary: Starting Ending
Name of Current/Last Employer	Phone Number	Type of Work./Special Skills	Employment Date (MM/YY) From To
Street Address	May we Contact? ___ Yes ___ No		Reason for Leaving:
City: State: Zip:	Person to Contact		Salary: Starting Ending
Name of Current/Last Employer	Phone Number	Type of Work./Special Skills	Employment Date (MM/YY) From To
Street Address	May we Contact? ___ Yes ___ No		Reason for Leaving:
City: State: Zip:	Person to Contact		Salary: Starting Ending

I swear that the statements in this application are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal. I authorize the employer to investigate and verify any of the information I have submitted in applying for employment with the employer. I understand that employment, if offered, will be at the will of the employer and myself and may be terminated at any time for any reason by either party.

I understand this is not a contract between me and the employer.

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

\_\_\_\_\_  
Interviewed By Date

Hire Date: \_\_\_\_\_

Starting wage: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

**Crescent Health Care**  
505 N. 40<sup>th</sup> Ave,  
Yakima, WA 98908  
(509) 248-4446 fax (509) 453-2945

EMPLOYEE BACKGROUND REQUEST  
Check of Reference

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of applicant for employment: \_\_\_\_\_

The above named individual has applied for a position as \_\_\_\_\_  
in our facility. We would appreciate the following information, which will be held strictly confidential.  
Your early consideration will be appreciated.

Very truly yours,

\_\_\_\_\_  
Supervisor

To whom it may concern: I hereby authorize Crescent Health Care to investigate my background and criminal history from my references, schools, or former employers. I will not hold these persons liable for any information released in the course of this investigation.

\_\_\_\_\_  
\* Signature of Applicant

\_\_\_\_\_  
\* Date

1. How long have you known applicant? \_\_\_\_\_

2. Was applicant employed by you? \_\_\_\_\_

If yes, period of time: \_\_\_\_\_

3. Were services satisfactory? \_\_\_\_\_

4. Why did applicant leave your employment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did applicant have a good record of attendance? \_\_\_\_\_

6. Would you rehire? \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE BACKGROUND REQUEST  
Check of Reference

7. Please evaluate the following listed factors as they apply to this applicant for employment:

TECHNICAL ABILITY:	U	S	E	O
DEPENDABILITY:	U	S	E	O
JOB ATTENDANCE:	U	S	E	O
APPEARANCE AND GROOMING:	U	S	E	O
RELATIONS WITH OTHERS:	U	S	E	O
OVER-ALL JOB PERFORMANCE:	U	S	E	O

KEY: U = Unsatisfactory  
S = Satisfactory  
E = Excellent  
O = Outstanding

8. To your knowledge does the applicant have a criminal history which would prohibit him/her from working in a nursing home. (If a criminal history is on file please fax it with the background request.)

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Additional Remarks:

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Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

**Crescent Health Care**  
505 N. 40<sup>th</sup> Ave,  
Yakima, WA 98908  
(509) 248-4446 fax (509) 453-2945

## 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. <b>REQUIRED:</b> LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID) FIRST	MIDDLE	LAST
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2. <b>REQUIRED:</b> OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED FIRST	MIDDLE	LAST
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3. <b>REQUIRED:</b> DATE OF BIRTH (MM/DD/YYYY)	4. <b>REQUIRED:</b> PHONE NUMBER (INCLUDE AREA CODE)	5. EMAIL ADDRESS
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6. SOCIAL SECURITY NUMBER	7A. <b>REQUIRED:</b> VALID DRIVER'S LICENSE OR STATE ID (WRITE NONE IF NONE)	7B. <b>REQUIRED:</b> ISSUING STATE
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8. **REQUIRED:** HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)?  
 Yes  No

9. **REQUIRED:** MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION

STREET	APT. NO.	CITY	STATE	ZIP CODE
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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
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**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, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14.

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

**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)
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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)





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

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

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

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

BOX NO.	INSTRUCTIONS
1	Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write <b>N/A</b> in each field that you do not have a name to enter.
2	Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter <b>N/A</b> in the appropriate box. Do not leave any of the boxes blank.
3	Print your date of birth listing the month, day, and year (MM/DD/YYYY).
4	Enter the daytime phone number, including area code, where you can be reached weekdays 8 AM to 5 PM.
5	Provide an email address where you can be reached.
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	Enter your Driver's License or state-issued ID number.
7B	The state where your Driver's License or ID was issued.
8	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer <b>NO</b> . If you have lived in any state or country other than Washington State within the last three years (36 months), answer <b>YES</b> .
9	Enter your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Enter your street address if it is different than your mailing address. If you street address and mailing address are the same, enter <b>SAME</b> .
11A	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or <b>N/A</b> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
11B	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or <b>N/A</b> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
12 – 14	Read each question carefully before answering. You must check <b>YES</b> or <b>NO</b> . <b>Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.</b>
15	Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.
16	Enter the month / day / year (MM/DD/YYYY) you signed Box 15.

**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.

**Questions about the Background Check Process:** Contact the Background Check Central Unit (BCCU) by email [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov) or phone at 360-902-0299.





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BACKGROUND CHECK CENTRAL UNIT (BCCU)

**BCCU Applicant Affidavit**

Complete Section A AND Section B

**Section A**

REQUIRED: APPLICANT'S NAME (FIRST, MIDDLE, LAST)

REQUIRED: APPLICANT'S EMAIL ADDRESS

REQUIRED: DATE OF BIRTH (MM/DD/YYYY)

INQUIRY ID/OCA NUMBER

REQUIRED: PHONE NUMBER (INCLUDE AREA CODE)

**What is the purpose of this affidavit?** (You may check more than one if related to same crime / action.)

- 1. I am providing additional details regarding a crime or negative action.
- 2. I am providing additional details regarding my self-disclosure(s) on the Background Check Authorization form. (Provide details regarding the self-disclosure or to combine differing self-disclosures for the same crime.)

Self-Disclosure question(s) addressing:  11A  11B  12  13  14  \_\_\_\_\_ (other)

**Section B**

I, \_\_\_\_\_, attest under penalty of perjury, the following:

REQUIRED: PRINTED FIRST, MIDDLE INITIAL, LAST NAME

Date of crime / action (MM/DD/YYYY):

Crime / action:

Degree of crime:

State:

Outcome of crime / action:

Description of events:

I have attached \_\_\_\_\_ additional pages or court documents with Inquiry ID/OCA Number written on each page.

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. By signing below, I give DSHS permission to re-run my background check with any governmental agency or law enforcement agency and provide the results of the background check to the original requestor of the background check.

REQUIRED: SIGNATURE (NO ELECTRONIC SIGNATURES ARE ACCEPTED. MUST BE SIGNED BY APPLICANT.)

REQUIRED: DATE SIGNED (MM/DD/YYYY)

**Send your completed and signed Applicant Affidavit and supporting documents to BCCU:**

**FAX:** (360) 902-7954 **MAIL:** PO Box 45025, Olympia WA 98504-5025 **EMAIL:** [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov)

BCCU will review the information and contact the applicant with the outcome of the review.



## BCCU Applicant Affidavit

### Instructions

The BCCU Applicant Affidavit is used to provide additional information regarding:

- **Crimes** reported by the Washington State Patrol (WSP), Washington State Courts (Courts), Department of Corrections (DOC), the Federal Bureau of Investigation (FBI), or other states.
- **Negative Actions** reported by the Children's Administration (CA), Department of Health (DOH), or Aging and Long-Term Support Administration (AL TSA), including Residential Care Services and Home and Community Services.
- **Applicant Self-Disclosures** made on a Background Check Authorization Form.

**BCCU does not have the authority** to remove crimes or negative actions.

- Applicant **MUST** contact the WSP, Courts, DOC, FBI, or other state to remove crimes.
- Applicant **MUST** contact the CA, DOH, or AL TSA to remove negative actions.

Applicant **MUST** complete Section A **AND** Section B of the BCCU Applicant Affidavit.

Failure to follow these directions or write clearly may result in Applicant Affidavit being rejected.

### Section A

<b>Applicant's Name</b>	Legal first, middle and last name. BCCU will reject form if not completed.
<b>Applicant's Email Address</b>	Secure email address where you may request BCCU send future correspondence.
<b>Date of Birth</b>	Month / Day / Year - MM/DD/YYYY
<b>Inquiry ID / OCA Number</b>	Number as it appears on your background check result notification.
<b>Phone Number</b>	Phone number with area code where you can be reached Monday through Friday between 8:00 AM and 5:00 PM.
<b>Purpose of the Affidavit</b>	Select <b>ALL</b> the option(s) that best describes the reason you are completing the Applicant Affidavit. Complete ONE Affidavit per crime or negative action. <b>Mark Box 1</b> if you want to provide details for a crime being reported by the WSP, Courts, DOC or FBI. <b>Mark Box 2</b> if you want to provide details of your self-disclosure to questions 11A, 11B, 12, 13 or 14 of the Background Check Authorization Form. For other self-disclosure questions fill in the number in the space provided.

### Section B

<b>First, Middle, Last Name</b>	Clearly print legal first, middle and last name. BCCU will reject form if not completed.
<b>Date of Crime / Action</b>	Full date Month / Day / Year (MM/DD/YYYY) of conviction.
<b>Crime / Action</b>	Official name of crime or negative action as appears on your records.
<b>Degree</b>	Degree of the crime.
<b>State</b>	State where crime or negative action occurred.
<b>Outcome of Crime / Action</b>	Disposition of crime/action – convicted, dismissed, deferred, etc.
<b>Description of Events</b>	Describe circumstances that led to the conviction, negative action OR self-disclosure error (see examples below).
<b>Examples:</b>	<b>Additional Information Needed:</b>
<b>Assault / Battery</b>	Who was the victim(s)? What were the injuries the victim sustained? Were any weapons involved?
<b>Burglary</b>	What was the nature of the structure burglarized? Were any weapons involved? Did any assaults occur during or in direct flight from the scene of the crime?
<b>Drug</b>	Description of the circumstances that lead to the drug charge or conviction.
<b>Fraud / Embezzlement</b>	What was the dollar obtained from fraud or embezzlement?
<b>Theft</b>	What type of property / services stolen and dollar value?
<b>Other Crimes</b>	Description of circumstances, provide details.
<b>Self-Disclosure Correction</b>	Why did the error occur? What is the correct answer to the question? What is the full/correct date (MM/DD/YYYY)? What is the correct crime name, degree, etc.?
<b>Attachments</b>	Check box, if you attach additional documents to the Applicant Affidavit, additional affidavit pages or court documents and write number of pages attached.
<b>Signature and Date</b>	NO ELECTRONIC SIGNATURES ARE ACCEPTED. Sign and date the Applicant Affidavit. BCCU will reject your Applicant Affidavit if it is not signed and dated.



Secretary's List of Disqualifying Crimes

WAC 388-113-0020

Which criminal convictions and pending charges automatically disqualify an individual from having unsupervised access to adults or minors who are receiving services in a program under chapters 388-71, 388-101, 388-76, 388-78A, 388-97, 388-825, and 388-107?

- (1) Individuals who must satisfy background checks requirements under chapters 388-71, 388-101, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC may not work in a position that may involve unsupervised access to minors or vulnerable adults if he or she has been convicted of or has a pending charge for one of the following crimes:
  - (a) Abandonment of a child;
  - (b) Abandonment of a dependent person;
  - (c) Abuse or neglect of a child;
  - (d) Arson 1;
  - (e) Assault 1;
  - (f) Assault 2;
  - (g) Assault 3;
  - (h) Assault 4/simple assault (less than three years);
  - (i) Assault of a child;
  - (j) Burglary 1;
  - (k) Child buying or selling;
  - (l) Child molestation;
  - (m) Coercion (less than five years);
  - (n) Commercial sexual abuse of a minor/patronizing a juvenile prostitute;
  - (o) Communication with a minor for immoral purposes;
  - (p) Controlled substance homicide;
  - (q) Criminal mistreatment;
  - (r) Custodial assault;
  - (s) Custodial interference;
  - (t) Custodial sexual misconduct;
  - (u) Dealing in depictions of minor engaged in sexual explicit conduct;
  - (v) Domestic violence (felonies only);
  - (w) Drive-by shooting;
  - (x) Drug crimes, if they involve one or more of the following:
    - (i) Manufacture of a drug;
    - (ii) Delivery of a drug; and
    - (iii) Possession of a drug with the intent to manufacture or deliver.
  - (y) Endangerment with a controlled substance;
  - (z) Extortion;
  - (aa) Forgery (less than five years);
  - (bb) Homicide by abuse, watercraft, vehicular homicide (negligent homicide);
  - (cc) Identity theft (less than five years);
  - (dd) Incendiary devices (possess, manufacture, dispose);
  - (ee) Incest;
  - (ff) Indecent exposure/public indecency (felony);
  - (gg) Indecent liberties;
  - (hh) Kidnapping;
  - (ii) Luring;
  - (jj) Malicious explosion 1;
  - (kk) Malicious explosion 2;
  - (ll) Malicious harassment;
  - (mm) Malicious placement of an explosive 1;
  - (nn) Malicious placement of an explosive 2 (less than five years);

Secretary's List of Disqualifying Crimes

- (oo) Malicious placement of imitation device 1 (less than five years);
- (pp) Manslaughter;
- (qq) Murder/aggravated murder;
- ~~(rr) Possess depictions minor engaged in sexual conduct;~~
- (ss) Promoting pornography;
- (tt) Promoting prostitution 1;
- (uu) Promoting suicide attempt (less than five years);
- (vv) Prostitution (less than three years);
- (ww) Rape;
- (xx) Rape of child;
- (yy) Residential burglary;
- (zz) Robbery;
- (aaa) Selling or distributing erotic material to a minor;
- (bbb) Sending or bringing into the state depictions of a minor engaged in sexually explicit conduct;
- (ccc) Sexual exploitation of minors;
- (ddd) Sexual misconduct with a minor;
- (eee) Sexually violating human remains;
- (fff) Stalking (less than five years);
- (ggg) Theft 1;
- (hhh) Theft 2 (less than five years);
- (iii) Theft 3 (less than three years);
- (jjj) Unlawful imprisonment
- (kkk) Unlawful use of building for drug purposes (less than 5 years);
- ~~(lll) Use of machine gun in a felony;~~
- (mmm) Vehicular assault;
- (nnn) Violation of temporary restraining order or preliminary injunction involving sexual or physical abuse to a child;
- (ooo) Violation of a temporary or permanent vulnerable adult protection order (VAPO) that was based upon abandonment, abuse, financial exploitation, or neglect; and \_\_\_\_\_
- (ppp) Voyeurism.

(2) If "(less than five years)" or "(less than three years)" appears after a crime listed in subsection (1) above, the individual is not automatically disqualified if the required number of years has passed since the date of the conviction. For example, if three or more years have passed since an individual was convicted of Theft in the 3rd degree that conviction would not be automatically disqualifying. If the required number of years has passed, the employer must conduct an overall assessment of the person's character, competence, and suitability before allowing unsupervised access to vulnerable adults and minors.

(3) When the department determines that a conviction or pending charge in federal court or in any other court, including state court is equivalent to a Washington state crime that is disqualifying under this section, the equivalent conviction or pending charge is also disqualifying.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.056. WSR 14-14-025, § 388-113-0020, filed 6/24/14, effective 7/25/14.]



Crescent Health Care  
Pre-Interview Questionnaire

We would like to get to know you better. Please answer the following questions and return them with your application

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

Position/Dept. Desired: \_\_\_\_\_ Desired Shift \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Available start date: \_\_\_\_\_

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Tell us a little about yourself?

What made you decide to apply at Crescent Health Care?

Have you worked in long term care or with the elderly before? In what capacity?

Have you ever worked for this company before? In what position? Date(s) of employment?

(If you answered yes to the above question): What were the circumstances of your leaving?

What other experiences have you had in an office or medical setting?

Tell us about your last/current job. What did you like about it? What did you not like?

What were the circumstances concerning your leaving your last job?

Crescent Health Care  
Pre-Interview Questionnaire

If there are some gaps in your employment history, tell us about those.

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Why should we consider you for this position? What are your strengths?

What do you feel are your weaknesses or areas you need to work on?

Describe a situation you feel you should have handled differently.

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What are three examples of the kinds of behaviors, actions, or attitudes you are most likely to conflict with at work? Can you give us an example of a conflict you were involved in at work? How was it resolved?

What are your three most important work related values?

How would you describe your last manager/employer?

When we call your previous employer or references what are they likely to tell us in regards to your dependability/attendance? What do you feel is an acceptable amount of days to be absent in a calendar year?

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How do you handle stressful situations? Can you give me a specific occasion when you were involved in a stressful situation?

Crescent Health Care  
Pre-Interview Questionnaire

How do you deal with the public?

Can you discuss the importance of your job as it relates to your family?

What are your future goals?

Do you have any questions or concerns regarding your ability to meet the requirements of the position?

The work schedule may include working some weekends and holidays. Are you able to meet the work schedule?

How do you spend your free time? What would you do if you had more of it?

Are you interviewing somewhere else?

May we call your references? If not, why??

Have you worked under any other name(s) than that listed on your application?

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

