



P.O. Box 1337 • Vancouver, WA 98666 • (360)993-3000 • FAX (360)993-3047

Application For Employment

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

(PLEASE PRINT)

Position Applied For	Date of Application				
How Did You Learn About Us? ___ Advertisement ___ Friend ___ Walk-In ___ Employment Agency ___ Relative ___ Other _____					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	If Yes, give date			
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	If Yes, give date			
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
On what date would you be available for work?				
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

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Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain _____		

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergrad College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, etc.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)	Supervisor	Hourly Rate/Salary Starting Ending		
Job Title	May we contact? Yes No <input type="checkbox"/> <input type="checkbox"/>			
Reason For Leaving				

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)	Supervisor	Hourly Rate/Salary Starting Ending		
Job Title	May we contact? Yes No <input type="checkbox"/> <input type="checkbox"/>			
Reason For Leaving				

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)	Supervisor	Hourly Rate/Salary Starting Ending		
Job Title	May we contact? Yes No <input type="checkbox"/> <input type="checkbox"/>			
Reason For Leaving				

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)	Supervisor	Hourly Rate/Salary Starting Ending		
Job Title	May we contact? Yes No <input type="checkbox"/> <input type="checkbox"/>			
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. (Include licenses obtained) <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

Additional Information

Specialized Skills

Check Skills/Equipment Operated

__CRT	__Fax	Production/Mobile Machinery (list):	Other (list):
__PC	__Excel	_____	_____
__Calculator	__PBX System	_____	_____
__Typewriter	__Microsoft Office	_____	_____
__Unix		_____	_____

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

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 in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

___YES ___NO

Professional References

1. <u>Name:</u> _____	<u>Phone #:</u> () _____
<u>Address:</u> _____	
2. <u>Name:</u> _____	<u>Phone #:</u> () _____
<u>Address:</u> _____	
3. <u>Name:</u> _____	<u>Phone #:</u> () _____
<u>Address:</u> _____	

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

PLEASE RETURN APPLICATION MATERIALS TO:

COLUMBIA RIVER MENTAL HEALTH SERVICES
6926 N. E. Fourth Plain Boulevard
Vancouver, Washington 98661
(360) 993 3000
FAX (360) 993 3047

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Authorization for Release of Information

- TO:
- Any Registrar, Dean, Principal, Other Authorized person at a School, University, College, High School, Trade School
 - Any Past or Present Employer
 - Any Law Enforcement Agency, or any Department or Agency of a City, County, State, or Federal Government
 - Driving History (Some states required an additional form)
 - Any Bank, Financial Institution, Credit Agency or Consumer reporting organization
 - Any Landlord, Real Estate or Rental Agency, Mortgage Institution, Public Utility, or Neighbor
 - Any Person having knowledge of my conduct or activities

I, _____
First Name Middle Name Last Name

hereby authorize and empower **COLUMBIA RIVER MENTAL HEALTH SERVICES** and Corporate Security Services, Inc., or authorized representatives and/or your agents bearing this release or copy thereof, to conduct appropriate inquiries, including but not limited to personal interview and records checks, from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, and other individuals relating to my past activities and to supply any and all information concerning my background for determination of my eligibility to be assigned to a position of trust and responsibility.

I authorize all persons who may have information or documents relative to these inquiries to disclose and/or provide copies of it to **COLUMBIA RIVER MENTAL HEALTH SERVICES** and Corporate Security Services, Inc., and/or its agents, and I hereby release all persons from liability resulting in providing such information/disclosures.

By my signature below, I hereby release any individual or institution, including it's officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

Authorization for Release of Information - *Continued*

I hereby certify that all the statements and answers set forth on the application form and/or my resume and any related information provided by me are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers or other information that I have provided are, found to be false or that if information has been omitted, such false statements or omissions will be just cause for termination of my employment.

If a consumer report contains adverse information that may be relied upon in making an employment decision, you will be advised of the adverse information before an employment decision is made. If you are denied employment because of a consumer report, you will be advised of that fact and the source of the consumer report.

This information will include the name, address, and telephone number of the consumer reporting agency (CRA) that furnished the report. Please note that the CRA does not make any adverse decision concerning employment, you have the right to obtain a free disclosure of the consumer's file from the CRA if you request it within 60 days.

By this document, **COLUMBIA RIVER MENTAL HEALTH SERVICES** disclosed to me that a consumer report may be obtained for employment purposes as part of the employment process and if hired this authorization shall remain on file and serve as an ongoing authorization at any time during my employment with **COLUMBIA RIVER MENTAL HEALTH SERVICES** for them to procure at any time an investigative consumer report containing information as to my character, general reputation, personal characteristics, and mode of living. Should an investigative report be requested, I will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act.

A photocopy of the authorization is to be considered as valid as the original. Should there be any questions as to the validity of the authorization questions may also be directed to:

Corporate Security Services, Inc. COLUMBIA RIVER MENTAL HEALTH SERVICES 2210 W Main St. Suite 107 #214 Battle Ground Washington 98604 Telephone Number: 1-360-571-2998	6926 NE Fourth Plain Blvd Vancouver, WA 98666
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Print: First Name	Middle Name	Last Name
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Signature	Date
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**Please provide the following Employment Reference information.
Supervisory/Management Level Only.**

These references should be in addition to the “EMPLOYMENT REFERENCES” that you provided on your employment application form. ***(References for employment must be supervisory/management level only.)***

Employment References: The below listed references can be contacted to obtain information about my employment experience:

1. NAME: _____ (Position) _____
COMPANY: _____
TELEPHONE NUMBER: _____
2. NAME: _____ (Position) _____
COMPANY: _____
TELEPHONE NUMBER: _____
3. NAME: _____ (Position) _____
COMPANY: _____
TELEPHONE NUMBER: _____
4. NAME: _____ (Position) _____
COMPANY: _____
TELEPHONE NUMBER: _____
5. NAME: _____ (Position) _____
COMPANY: _____
TELEPHONE NUMBER: _____

Applicant Acknowledgment

A Summary of Your Rights Under the Fair Credit Reporting Act

By my signature, I acknowledge that I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act".

Please Note: Corporate Security Services inc., does not make the decision to deny or approve your application. Further, Corporate Security Services inc., has no information on the specific reasons for a denial or approval of employment.

Upon request, a copy can be obtained from Corporate Security Services Inc.

Corporate Security Services Inc.
2210 W. Main Street
Suite 107 #214
Battle Ground WA 98604
360-571-2998

Signature

Date

A Summary of Your Rights - Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. **You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>).** The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment -- must tell you, and *give* you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's - to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone *who* has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old. Ten years for bankruptcies.

A Summary of Your Rights - Under the Fair Credit Reporting Act

Continued

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING

PLEASE CONTACT:

CRA's, creditors and others not listed below

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580 * 202-326-3761

National banks, federal branches/agencies of foreign banks
(word "National" or initials "N.A." appear in
or after bank's name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 * 800-613-6743

Federal Reserve System member banks (except national banks
and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 * 202-452-3693

Savings associations and federally chartered savings banks
(word 'Federal' or initials *F.S.B.* appear in federal
institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 800-842-6929

Federal credit unions
(words "Federal Credit Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 - 703-518-6360

State-chartered banks that are not members of the Federal
Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 * 800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil
Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590 * 202-366-1306

Activities subject to the Packers and-Stockyards Act. 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington DC 20250 * 202-720-7051



Driving Record Request

You may use this form to request **your driving record**. We will mail your record to you or to the individual or company you request below. Mail this request and **\$5 for each record** in a check or money order payable to the Department of Licensing to:

Driver Records
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

FOR VALIDATION ONLY

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106-060-421-0005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

Requestor name (<i>Last, First, Middle Initial</i>)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to		
Mailing address		
City	State	ZIP code
<p>Type of record We offer the following types of driving records. Check the box beside the one(s) you need.</p> <p><input type="checkbox"/> Three-year noncommercial insurance record. Available for underwriting noncommercial motor vehicle policies.</p> <p><input type="checkbox"/> Three-year commercial insurance record. Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.</p> <p><input type="checkbox"/> Three-year life insurance record. Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.</p> <p><input type="checkbox"/> Full employment/commercial record. Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> Volunteer vanpool driver record. Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> Volunteer for organization driver record. Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.</p> <p><input type="checkbox"/> School bus driver record. Available to school districts to determine employment eligibility for school bus operation. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions. Some convictions remain on record for more than five years.</p> <p>If this request is to be billed and mailed to a school district: School district name _____ Requestor code _____</p> <p><input type="checkbox"/> Complete record. Available to the individual named on the driving record, attorneys, law and justice agencies, and governmental agencies. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions.</p> <p><i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i></p>		
Date and place signed (Valid for four months)	<p style="text-align: center;">X</p> <p style="text-align: center;">Signature</p>	

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.

Affirmative Action Program Applicant Information Form

Columbia River Mental Health Services is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
	____/____/____
Position applied for	

Section 2: Please check all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status			
Hispanic or Latino	Male	Vietnam Era Veteran			
White (not Hispanic or Latino)	Female	Special Disabled Veteran			
Black or African American (not Hispanic or Latino)		Other Eligible Veteran			
Native Hawaiian or Pacific Islander (not Hispanic or Latino)		**Other			
Asian (not Hispanic or Latino)		Individual with Disabilities			
American Indian or Alaskan Native (not Hispanic or Latino)					
Two or More Races (not Hispanic or Latino)					

According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis: (1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans.]

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino--A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)--A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)--A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)--A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)--A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)--A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)--All persons who identify with more than one of the above five races.

Individual with Disabilities--Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran--Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era--Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran--Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.