



Applicant Autobiography, Disclosure Questionnaire And Agreement Form

To the Applicant:

The principal goal of LORENE'S PLACE II is keeping children safe. As a potential or current employee, keeping children safe must also be your primary goal.

The attached questionnaire is in place to help ensure that any applicant seeking employment with our agency discloses (shares or makes known) all information regarding their background with honesty and integrity. The questionnaire is also intended to help applicants examine areas of their lives that might interfere with the employment process while assisting the applicant in possibly recognizing and dissolving outstanding matters in their life that may hinder them in other endeavors they wish to pursue.

While every agency may not share the same requirements for employment pertaining to disclosure of background information, LORENE'S PLACE II, its staff and professionals expect that our clients are forthright, honest and intent on providing quality care for children. Ultimately, we expect that our applicant's main goal is child safety and assisting children and families in dissolving critical issues and dysfunctional life patterns.

This questionnaire is mandatory and must be completed before continuing the employment process. Every person/adult twenty-one years of age and older who is seeking employment is required to complete this questionnaire.

If you have any questions prior to completing this questionnaire please contact a LORENE'S PLACE II employee. We are here to help.

Thank you for your cooperation,

Jacqueline Tutt
Executive Director
253-759-3650

SECTION I: Physical and Mental Health, Counseling and other Professional Services.

- 1) Do you have any current physical disabilities? Yes No
- 2) Do you have any current physical or mental health issues? Yes No
- 3) Do you take on-going prescription medication for physical or mental health issues?
Yes No
- 4) Have you ever had a psychological evaluation? Yes No
- 5) Have you ever been in the care of or received services from a mental health professional/counselor? Yes
No
- 6) Are there pending recommendations made by the court or professionals concerning your mental or physical health? Yes No
- 7) Have you ever-participated in Anger Management Classes? Yes No
- 8) Have you taken prescribed medication for mental or physical health issues in the past and you no longer take them? Yes No
- 9) To your knowledge, is anyone currently living with you or who will be living with you long term dealing with physical or mental health issues? Yes No

If you answered yes to any of the above questions please explain.

SECTION II: Drugs and Alcohol.

- 1) Have you ever used drugs or alcohol? Yes No
- 2) Do you currently use drugs or alcohol? Yes No

Applicant Name _____ Date _____

- 3) Have you ever had Drug and Alcohol Evaluation? Yes No
- 4) Have you ever had a problem with substance abuse? Yes No
- 5) Do you have any pending court cases or professional recommendations against you surrounding drugs or alcohol? Yes No
- 6) Have you ever been arrested for a DUI (Driving Under the Influence)?
Yes No
- 7) Do you take/use prescribed medication that would otherwise be deemed illegal? Yes No
- 8) Do you use illegal drugs? Yes No

If you answered yes to any of the above questions please explain.

SECTION III: Criminal, Non-Criminal, Citations, and Traffic Tickets.

- 1) Have you ever been convicted of a crime? Yes No
- 2) Have you been arrested but do not know if you were convicted? Yes No
- 3) Do you have any current or pending criminal charges against you?
Yes No
- 4) Do you have outstanding traffic tickets or citations? Yes No
- 5) Have you ever been accused of or convicted of Welfare fraud, benefits overpayment, or financial exploitation? Yes No
- 6) Have you ever been accused of sexual abuse or molestation against anyone?
Yes No

7) Have you ever been involved in, arrested or convicted of any of the following?

- a. Domestic Violence Yes No
- b. Physical Abuse (adult/Spouse) Yes No
- c. Child Neglect Yes No
- d. Child Abandonment Yes No
- e. Sexual Abuse (children) Yes No
- f. Sexual Abuse (adult) Yes No
- g. Exploitation (adult) Yes No
- h. Exploitation (child) Yes No
- i. Anger Management Yes No
- j. Assault Yes No

If you answered yes to any of the above questions please explain.

SECTION IV: Child Protection Services Referrals, Investigations-Founded, Unfounded or Inconclusive findings, Family Issues.

Have there been prior or are there current CPS accusations or referrals against you, your immediate family or extended family members OR is it possible that there are CPS referrals against you, your immediate family or extended family members for any of the following:

- a. Domestic Violence Yes No
- b. Physical Abuse (adult/spouse) Yes No
- c. Child Neglect Yes No
- d. Child Abandonment Yes No
- e. Sexual Abuse (children) Yes No
- f. Sexual Abuse (adult) Yes No
- g. Exploitation (adult) Yes No
- h. Exploitation (child) Yes No

If you answered yes to any of the above questions please explain.

Applicant Disclosure Questionnaire
And Agreement Form

****This questionnaire must be notarized or it is not valid****
Notary Section on Last Page

SECTION V: Applicant Voluntary Cooperation, Non-Influence or Coercion and Statement.

A. I _____ voluntarily completed the questionnaire, answering all questions with sound mind, honesty and without the influence or coercion of Lorene's Place II' staff, its representatives and/or affiliates.

Applicant Name PRINT

Date

Applicant Signature
(If applicant is less than 18 years old, parent or guardian must also sign)

Date

Parent/Guardian Signature

Date

B. I understand that I have signed all statements pertaining to this questionnaire under penalty of perjury. The answers and attached written responses are true and complete to the best of my knowledge. I understand any untruthful or purposefully misleading answer or deliberate omission may result in my immediate denial/disqualification of employment with Lorene's Place II. I authorize LORENE'S PLACE II to provide this information to DSHS/DLR to obtain background information surrounding myself. I understand any incomplete or unreadable information may stop or delay the application process. I understand that the application process cannot continue until successful completion of DSHS Background Authorization (form 09-653).

Applicant Name PRINT

Date

Applicant Signature
(If applicant is less than 18 years old, parent or guardian must also sign)

Date

Parent/Guardian Signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ A.D. _____

NOTARY PUBLIC IN AND FOR THE STATE OF
WASHINGTON, RESIDING AT TACOMA, WASHINGTON

Expiration _____