



DRUG/ALCOHOL COUNSELOR 2 (Job #4299) Juvenile Court

SALARY RANGE: \$22.57- \$28.39 Per Hour

CLOSING DATE: Open Until Filled

NATURE OF WORK

This is responsible and varied counseling and assessment work in the Drug/Alcohol Program for juvenile offenders involved with the Pierce County Juvenile Court. An employee in this classification is responsible for independent performance of a variety of assignments which include screening, evaluation, and implementation of substance abuse program components; documentation of service hours provided to clients and type of service provided; and facilitation of group and individual counseling sessions. Incumbents are also responsible for substance abuse intervention, and leading and training others in performing these duties. Work is performed under the general direction of the Drug and Alcohol Supervisor with some latitude for independent judgment and action. Work is reviewed periodically for compliance with governing regulations, fulfillment of program objectives, and quality of services provided.

ESSENTIAL FUNCTIONS

Conducts group sessions, which includes organizing and preparing lesson plans, facilitating discussion, and evaluating progress. Provides substance abuse intervention to youth in detention and/or in the community. Maintains records of class and group participation and prepare reports as necessary. Develops and maintains a list of community-based treatment programs. Attends meetings with community groups, agency staff, parents and clients to gather information on program status. Provides training and documentation to Drug/Alcohol Interns. Performs other related duties as assigned.

RECRUITING REQUIREMENTS

State qualified Drug and Alcohol Counselor per the Washington State Administrative Code. Sobriety; a valid Washington State Driver's License; and upon selection, must provide documentation of W.A.C. qualifications. Must successfully complete a background investigation and polygraph examination prior to final selection. Within 15 days of hire must complete PPD Tuberculin skin test with appropriate follow-up. Successful completion of a Washington State-approved CPR course is also required following employment.

SUPPLEMENTAL QUESTIONNAIRE

Drug/Alcohol Counselor 2 (Job #4299)

Instructions: This questionnaire is part of the examination process and is mandatory. On a separate sheet(s) of paper or separate document, describe in detail your past work experience and education in the following areas. List your employer and dates of employment separately for each question.

1. Explain in detail your qualifications for the position of Drug/Alcohol Counselor. Describe how your work experience, education, training, personality, career goals, and work ethic support you as the choice for this position.
2. What are some of the key approaches or techniques you have found to be successful when working with difficult youths and families?
3. Describe in detail your experience implementing treatment programs.

APPLICATION AND SELECTION PROCESS

To be considered for this classification, applicants must complete and submit a signed Pierce County employment application form, a detailed personal history supplemental packet and a written response to the supplemental questions listed above by the closing date to the Pierce County Human Resources Department, 615 South 9th Street, Suite 200, Tacoma, WA 98405-4670. A separate application must be submitted for each job number for which you are applying. Photocopies with original signatures are acceptable. **Due to the nature of the background process, faxed and emailed copies of application and personal history supplemental packets will not be accepted.** A resume in lieu of the application form and supplemental questionnaire is not acceptable. Notify the Human Resources Department immediately of any address or telephone changes.

This is a competitive selection process. Your responses on the application form, background packet and supplemental questionnaire will be reviewed and evaluated for the quality and quantity of education/experience in the areas listed. Applicants whose qualifications most closely correspond to the County's needs will be eligible for further consideration.

Special Note: Only applicants selected to participate in the interview process will be notified by Juvenile Court. If you do not hear from us regarding an interview, you may assume that we are considering other candidates.

Pierce County will provide reasonable accommodation for persons with disabilities during the selection process, if requested. Please notify the Human Resources Department at (253) 798-7480 of the accommodation needed, preferably at the time of application, but at least two days prior to the date needed.

Human Resources Department: (253) 798-7480 Job Information Line: (253) 798-7466 TDD: (253) 798-3965
Email: pchumanresources@co.pierce.wa.us Internet: <http://www.piercecountywa.org/jobs>

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Pierce County that no person shall be subjected to employment discrimination because of race, creed, religion, color, national origin, sex, sexual orientation, marital status, age, disability, veteran status, the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a disabled person.

BENEFITS

VACATION LEAVE: Upon completion of 13 pay cycles (approximately six months) employees receive six days of vacation leave. Vacation accrues at the rate of 12 days per year initially, up to a maximum of 30 days per year.

SICK LEAVE: Employees receive six days of sick leave upon completion of 13 pay cycles (approximately six months). Sick leave is accrued at the rate of one day per month.

HOLIDAYS: Pierce County employees enjoy twelve paid holidays.

MEDICAL COVERAGE: Excellent choices of medical plans which include vision and prescription drug coverage are available for the employee and dependents.

DENTAL COVERAGE: Choice of dental programs which include orthodontic coverage for the employee and dependents.

LIFE INSURANCE: County paid life insurance for all full time/full benefit employees is effective the first day of employment. Additional life insurance is available at the employee's expense.

RETIREMENT: Pierce County employees participate in one of the Washington State Department of Retirement Systems plans. Employees and the County contribute jointly to the plan.

SOCIAL SECURITY AND INDUSTRIAL INSURANCE: Employees are covered by Social Security and the State Industrial Insurance Act.

IN ADDITION: Pierce County offers its employees an Employee Assistance Program which includes legal service access, Deferred Compensation, a Wellness Program, access to a credit union, a child care referral service, commute assistance including transit subsidies, a variety of on-going training programs, direct payroll deposit, payroll deduction for U.S. Savings Bond purchase, a home loan assistance program, access to long term disability insurance, and flexible spending accounts.

PART-TIME EMPLOYEES receive pro-rated benefits.

NOTE: The provisions of this bulletin do not constitute an expressed or implied contract. Any provisions contained herein may be modified and/or revoked without notice.



EMPLOYMENT APPLICATION

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING DARK INK ONLY. SIGN AND DATE THE APPLICATION. AN INCOMPLETE APPLICATION MAY AFFECT YOUR ELIGIBILITY OR EXPERIENCE CREDIT.

GENERAL INFORMATION

POSITION FOR WHICH APPLYING: Drug/Alcohol Counselor 2 JOB #: 4299
Last Name First Name Middle Initial
Mailing Address City State Zip
Home Phone Work Phone Cell Phone Email Address

Are you now or have you ever been employed by Pierce County Government? Yes No If yes, complete the following: Job Title Department Dates Employed

Do you have any relatives working for Pierce County Government? Yes No If yes, complete the following: Name(s) Relationship(s) Department(s)

Washington State labor laws restrict some employment from persons under 18 years of age. Are you at least 18 years old? Yes No If no what is your birth date?

Can you perform the essential functions of this job with or without a reasonable accommodation? (See job announcement for essential functions) Yes No

Within the last 10 years if you have been arrested with charges still pending, or convicted, or released from prison, explain below. Crimes which reasonably relate to this job will not necessarily be considered a bar from employment.

Table with 4 columns: Date, Charge, Sentence, Remarks

VETERANS' PREFERENCE/SCORING CRITERIA

Pierce County complies with applicable laws regarding veterans' preference and/or scoring criteria for veterans honorably discharged from active military service. Proof of veteran status will be required to award veterans' preference/scoring criteria.

Are you a veteran with an honorable discharge? Yes No Do you claim veterans' scoring criteria? Yes No If yes, complete the following items: Have you ever obtained employment through the use of veterans' scoring criteria? Yes No If yes, where Are you retired from military service and receiving veterans' retirement payments? Yes No All dates of active duty: From To From To

EDUCATION

Did you graduate from high school or receive a GED certificate? Yes No

Table with 6 columns: Name of college, university, vocational school, Major, Full Years Completed, Title of Degree, Degree Received Yes/No, Credit Hours Earned

Table with 6 columns: Professional Licenses & Certification, Type of License, Issued Yes/No, Issuing State, Number, Expiration Date

EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST 10 YEARS INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, VOLUNTEER WORK AND PERIODS OF UNEMPLOYMENT AND ANY RELATED EXPERIENCE BEYOND 10 YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY. BE AS COMPLETE AS POSSIBLE IN OUTLINING THE DUTIES OF EACH POSITION. FAILURE TO DO SO MAY AFFECT THE CREDIT YOU RECEIVE FOR EXPERIENCE.

MOST RECENT EXPERIENCE

Employer _____

Address _____

| Position | Hours worked each week | | | Starting salary | Last salary | |
|--|------------------------|---|---|-----------------|-------------|---------------------------------|
| Total years/months | From | / | / | To | / / | No. of employees you supervised |
| Supervisor | Phone () | | | | | |
| Specific duties | | | | | | |
| Reason for leaving or considering change | | | | | | |

OTHER EXPERIENCE

Employer _____

Address _____

| Position | Hours worked each week | | | Starting salary | Last salary | |
|--|------------------------|---|---|-----------------|-------------|---------------------------------|
| Total years/months | From | / | / | To | / / | No. of employees you supervised |
| Supervisor | Phone () | | | | | |
| Specific duties | | | | | | |
| Reason for leaving or considering change | | | | | | |

OTHER EXPERIENCE

Employer _____

Address _____

| Position | Hours worked each week | | | Starting salary | Last salary | |
|--|------------------------|---|---|-----------------|-------------|---------------------------------|
| Total years/months | From | / | / | To | / / | No. of employees you supervised |
| Supervisor | Phone () | | | | | |
| Specific duties | | | | | | |
| Reason for leaving or considering change | | | | | | |

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation or omission and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation, omission, or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide Pierce County representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release and hold harmless any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment physical examination, including controlled substance testing, if required.

I understand that as a condition of employment I must provide documentation to demonstrate authorization to work in the United States as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant

Date

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Pierce County that no person shall be subjected to employment discrimination because of race, creed, religion, color, national origin, sex, sexual orientation, marital status, age, disability, veteran status, the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a disabled person. We would appreciate your providing the information below. This is entirely voluntary and will be maintained **CONFIDENTIALLY** and separate from personnel files. No adverse action will result from failure to furnish requested information. The information gathered herein will not be provided to supervisors, the appointing authority, or other departmental employees. It will be used for monitoring and for Federal reporting purposes only. We appreciate your assistance and cooperation in voluntarily providing this information and in assisting Pierce County in ensuring equal employment opportunities for all applicants.

NAME:

SSN:

(Disclosure of your SSN is voluntary. If you elect to provide it, we will only use it for applicant tracking.)

SEX: Male Female

AGE OVER 40: Yes No

EXPANDED RACE/ETHNICITY GROUP CATEGORIES AND DEFINITIONS: If you are of more than one race, please indicate one group only for recordkeeping purposes (see definitions below)

- H Hispanic or Latino**
- B African American/Black (not Hispanic or Latino)**
- A American Indian or Alaska Native (not Hispanic or Latino)**
- R Asian (not Hispanic or Latino):**
- C Caucasian/White (not Hispanic or Latino)**
- P Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**
- T Two or More Races (not Hispanic or Latino)**

DISABLED: Yes No **DISABLED VETERAN:** Yes No

VETERAN: Yes No

DEFINITIONS

Ethnic group categories and definitions are defined by and reported to the Federal Equal Employment Opportunity Commission.

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

B African American/Black (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

A 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 maintains tribal affiliation or community attachment.

R 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.

C Caucasian/White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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

T Two or More Races (not Hispanic or Latino): A person who identifies with two or more of the following races: African-American/Black, American Indian or Alaska Native, Asian, Caucasian/White, or Native Hawaiian or Other Pacific Islander.

Disabled: People with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran: All persons entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

REFERRAL SOURCE

Check all that apply:

- Newspaper: Name _____
- Pierce County Job Information Line
- Internet – Pierce County Website
- Internet – Other: Identify _____
- Job Fair: Name _____ Location _____
- Word-of-Mouth
- Announcement in Pierce County Human Resources Office
- Public Access Television
- County Employee
- Other: Identify _____

**PIERCE COUNTY JUVENILE COURT
5501 SIXTH AVENUE
TACOMA, WA 98406
(253) 798-7900**

JOB TITLE - OPEN POSITION: Drug/Alcohol Counselor 2 Job #4299

TO THE APPLICANT:

Thank you for considering the Pierce County Juvenile Court as a potential employer. Juvenile Court employees are directly responsible for the supervision and/or care of youth under the age of eighteen. As such, all applicants undergo an extensive application process, as well as a thorough background investigation.

THE APPLICATION PROCESS includes FIVE (5) sections, as follows:

- 1. PIERCE COUNTY APPLICATION FORM**
- 2. SELF EXAMINATION**
- 3. PERSONAL HISTORY STATEMENT**
- 4. WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION**
- 5. CHILD/ADULT ABUSE INFORMATION ACT**

All of the above must be completed and returned by the closing date noted on the employment opportunity announcement (if applicable). Failure to fully complete any section of the application process or provide the required documentation may result in removal from consideration.

THE BACKGROUND INVESTIGATION may include, but is not limited to an interview; employer reference checks; polygraph test; psychological profile; criminal, driving, records, and financial history check. Failure of any portion of the background investigation will be "cause" for removal from consideration.

The effectiveness of the Juvenile Court is directly related to the quality of personnel employed by the Court and the level of public trust in those personnel. As a result, the following application process is designed to elicit information to assist us in determining your character, suitability, and competence for the position for which you have applied.

**SELF EXAMINATION
PART II**

NAME: _____

The self examination is designed to assist you in determining whether or not to proceed with the application process, as certain types of activities in the past may preclude an individual from employment in positions responsible for the supervision, care, and/or treatment of youth. **A "YES" answer to any one of the questions below requires a written explanation.** Please attach a separate sheet of paper for your written explanation to any "Yes" answers. In the event you are selected as a final candidate for the position, answers to the self examination may be subject to the verification through polygraph examination.

PERSONAL HABITS

DRUGS: (Circle answer below)

- YES NO 1. In your lifetime, have you ever tried marijuana?
2. When was the last time you used marijuana?
 Date(s): _____ Frequency: _____
- YES NO 3. Have you ever been involved in the sale or traffic of any controlled substance?

HAVE YOU POSSESSED OR EXPERIMENTED WITH:

(Possession is defined as: Controlling, holding, touching, selling, trafficking, or transporting any illegal substance).

- YES NO 4. Any other controlled substances not prescribed for you by an authorized individual? (Includes prescription medications not prescribed for you).
- YES NO 5. Any controlled substance not prescribed for you by an authorized individual including marijuana or its derivative since your 25th birthday?
- YES NO 6. Any opiate, heroin, morphine, opium, not prescribed for you by a physician? (Do not include the occasional use of cough syrup or minor pain medication which contains

codeine, such as aspirin with codeine.)

- YES NO 7. Any hallucinogenic and/or designer drugs (excluding marijuana or its derivative) such as LSD, PCP, mushrooms, Ecstasy, GHB, etc?
- YES NO 8. Any controlled substances (not prescribed for you by an authorized individual). This includes the total usage of all other controlled substances such as speed, amphetamines, barbiturates, tranquilizers, steroids.
- YES NO 9. (Excluding marijuana) more than three different controlled substances not prescribed for you by an authorized individual?

CRIMINAL HISTORY

- YES NO 10. Have you ever been convicted of a felony?
- YES NO 11. Have you ever been convicted of a misdemeanor? (Includes traffic citations)
- YES NO 12. Have you ever committed a crime that did not result in an arrest or conviction? If yes, please list below.

- YES NO 13. Have you committed any felonies (robberies, burglaries, etc.)?
- YES NO 14. Have you ever committed a misdemeanor involving harm or threat to persons or property, i.e., assault, fighting, or vandalism, etc.?
- YES NO 15. Have you been convicted of, knowingly committed, or participated in illegal sexual activity?
- YES NO 16. Have you ever been in the presence of others when they were involved in any illegal activities even though you did not participate?

YES NO 17. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted, exploited, or physically abused any minor? If answer is yes, in which state?

Date of such findings:_____

YES NO 18. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited, or physically abused any minor? If answer is yes, in which state?

Date of such findings:_____

YES NO 19. Have you ever been found in any disciplinary board final decision to have sexually abused, exploited, or physically abused any minor? If answer is "YES", in which state(s)?

Date of any such board decision(s):_____

DRIVING RECORD

YES NO 20. Have you ever been convicted of, or knowingly committed DWI, reckless driving, hit and run, or driving while your license was suspended or revoked?

YES NO 21. At any time, has your driver's license been suspended or revoked?

EMPLOYMENT

YES NO 22. While employed, have you ever been terminated for cause, terminated during the probationary period, or did you resign not in good standing?

YES NO 23. As an employee, have you ever done anything for which you could be fired?

Information obtained from the statements disclosed above will be considered in determining your character or suitability for the position for which you have applied.

If you have answered "YES" to any of the questions listed above, provide a written explanation on a separate sheet of paper and return it with this questionnaire. Provide specific details about the action, include such information as the date the action or event occurred, and the number of times the action or event occurred. (A "YES" answer WITHOUT A WRITTEN EXPLANATION may cause an applicant to be automatically disqualified.) As part of the background investigation, all information provided may be subject to verification through a polygraph examination. It is to your advantage to respond openly, as deliberate inaccuracies will cause your name to be removed from the employment process.

After you complete the self examination, continue with PART III and PART IV of the application process.

PERSONAL HISTORY STATEMENT PART III

The following information is required to assist this department in conducting a thorough background investigation to determine your suitability for the position for which you have applied. This information may be verified through a polygraph examination. It is to your advantage to respond openly. Deliberate inaccuracies (no matter how insignificant and regardless of the reason) will cause your name to be removed from the employment list.

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE PERSONAL HISTORY STATEMENT.

1. The completion of the Personal History Statement is mandatory, and it must be returned on the date stated in the employment announcement along with other required information in order for you to remain in the employment process.
2. Complete this form **IN YOUR OWN HANDWRITING. DOCUMENTS WHICH ARE TYPED OR NOT FILLED OUT IN YOUR OWN HANDWRITING WILL NOT BE ACCEPTED.**
3. If a question is not applicable to you, enter N/A in the space provided.
4. Avoid errors by reading the directions carefully before making entries on the form. Be sure your information is correct and in the proper sequence before you begin.
5. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address or telephone number, please check it by personal verification. Keep the court informed if your address or telephone number changes during this employment process. Phone: (253) 798-7900
6. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the section and question number before continuing with your answer.
7. Account for all time periods in your background.

8. All statements are subject to verification.
9. If you are uncertain about how to answer a particular question, place a circle with a question mark (?) in the space provided.
10. Any negative factors in your past will be evaluated in terms of frequency, relevancy, circumstances surrounding the occurrence, and significance to the position for which you are applying. For example: Being fired from a job, having an arrest, or poor traffic record may not be, in and of itself, grounds for disqualification. However, any deception during the background investigation process will result in automatic disqualification.
11. Include copies of the following documents with your Personal History Statement and attach them to the back of this packet:
 - a. **College transcripts or college diploma**
 - b. **Documentation which would assist you in explaining any past unusual situation or problem. Example: Credit repossessions, civil suits, criminal convictions, etc.**
 - c. **Other documents which you feel would facilitate this process or assist us in our investigation in determining your suitability for the position. Examples: Job performance evaluations, awards, certificates, decorations, etc.**

PERSONAL HISTORY STATEMENT

PERSONAL

The following information is requested of you for verification and contact purposes:

| | | | | |
|---|------------|--------------------------------------|------------------------------------|----------|
| 1. Your name <i>(Please print)</i> | | | | |
| Last Name | First Name | Middle Name | | |
| Other names <i>(including nicknames, maiden or married names)</i> you may have used or been known by: | | | | |
| 2. Please list address at which you can be contacted | | | | |
| Number | Street | City | State | Zip Code |
| 3. Please list the local telephone numbers(s) at which you can be contacted. | | () Hours you can be contacted: | () Hours you can be contacted: | |
| 4. Date of Birth: | | Place of Birth: <i>(City, State)</i> | | |
| 5. Social Security Number: _____/_____/_____ <i>(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN and Place of Birth will be used for identification purposes to ensure that proper records are obtained.)</i> | | | | |

PROFESSIONAL REFERENCES

6. In the space below list three professional references who have knowledge of you and your qualifications. Include the address and telephone number where the person can be contacted.

Name _____ Address _____ Telephone Number _____

Name _____ Address _____ Telephone Number _____

Name _____ Address _____ Telephone Number _____

PERSONAL HISTORY STATEMENT

EDUCATION

Error! Bookmark not defined.7. Please indicate below all the schools you have attended beginning with high school. During the background investigation,

persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

| Name of School | Location of School (City and State) | From MM / YY | To MM / YY | Degrees Earned |
|----------------|--|-----------------|---------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Have you ever been suspended or expelled from any high school or secondary school?
(Secondary schools include colleges and universities, graduate schools, business and vocational schools, or any formal education beyond the high school level.)

Yes No

If "yes", please explain (include school, date, and circumstances).

RESIDENCE

Individuals who have become acquainted with you by reason of your residing in different locations are often helpful in providing useful information for background investigations.

| 9. Please list all of your residences during the last 5 years (list no information prior to your 15th birthday). Begin with your most current residence. | | | |
|--|-------------------------|-----------------|---------------|
| Address of Residence | City, State, & Zip Code | From Month/Year | To Month/Year |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EXPERIENCE AND EMPLOYMENT

10. Beginning with your most current employment, please list all jobs (including part-time, temporary, voluntary positions, and individual military assignments) you have held in the past 10 years. (For the purposes of this personal history statement, voluntary should be included as employment.) For identification and verification please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have intervening periods or unemployment, please list those periods in sequence in the spaces provided. Please include extra pages if necessary.

| Error! Bookmark not defined. Dates of employment | Employer | Title or Duties (Identification Purposes) |
|--|---|---|
| From Month/Year To Month/Year ____/____ ____/____ <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary | Name: _____ Address: _____ Telephone number: _____ Name of Supervisor: Name(s) of co-worker(s): | |
| Reason for leaving: | | |

EXPERIENCE AND EMPLOYMENT (Continued)

| Dates of employment | Employer | Title or Duties (Identification Purposes) |
|---|---|---|
| From Month/Year ____/____ To Month/Year ____/____ <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary | Name: _____ Address: _____ Telephone number: _____ Name of Supervisor: Name(s) of co-worker(s): | |

Reason for leaving:

| Dates of employment | Employer | Title or Duties (Identification Purposes) |
|---|---|---|
| From Month/Year ____/____ To Month/Year ____/____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Voluntary | Name: _____ Address: _____ Telephone number: _____ Name of Supervisor: Name(s) of co-worker(s): | |

Reason for leaving:

Error! Bookmark not defined. 11. Would any problem result if your present employer was contacted during the course of the background investigation? Yes No

If "no," when should contact be made?

12. If you have had no prior employment, please explain in the space below.

Error! Bookmark not defined. 13. Have you had any extended work absences for reasons other than earned vacation? Yes No

If "yes," please explain (include when, name of employer, why).

14. Have you ever been fired or asked to resign from any place of employment?

| | | |
|---|-----|----|
| If "yes," please give details (include when, where, circumstances). <hr/> <hr/> | Yes | No |
| 15. Have you ever made application with this agency or any other law enforcement or corrections agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please give details (include when, name of agency, circumstances). <hr/> <hr/> | | |

MILITARY SERVICE

| | | | |
|--|--|---|--------------------------|
| Error! Bookmark not defined. 16. Have you ever served in the armed forces, National Guard, or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please supply the following information: | | | |
| Branch of Service | Dates of Service ____/____/____ to ____/____/____ | Current or Ending Military Rank: _____ | |
| 17. Are you <u>currently</u> participating in any military reserve or National Guard program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 18. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Y <input type="checkbox"/> No <input type="checkbox"/> If "yes," please give details (include branch of service, when, where, circumstances). | | | |
| 19. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you. | | | |
| Name | Contact Address | Contact Phone | Years Known From - To |
| <hr/> | | | |
| <hr/> | | | |

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a Juvenile Court employee. Please fill in the financial information below.

| Error! Bookmark not defined.20. Current Monthly Income | | | |
|--|--|----|--|
| Monthly Salary | | \$ | |
| Spouse's Salary | | | |
| Other Monthly Income - describe | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Monthly Income | | \$ | |

Error! Bookmark not defined.21. Have you ever filed or declared bankruptcy or filed the Wage ner's Plan?
 If "yes," please give details (include when, firms involved, circumstances). s

Error! Bookmark not defined.22. Have your wages ever been garnished?
 Yes No

If "yes," please give details (include when, where, why).

LEGAL

Error! Bookmark not defined.23. If you have ever been arrested or convicted for any crime, please give the

following information: (Include traffic citations for DUI, NVOL, DWLS, Reckless Driving, Negligent Driving, and Hit and Run)

| Approx. Date | Police Agency | Circumstances |
|--------------|---------------|---------------|
| | | |
| | | |
| | | |
| | | |

24. Have you ever been placed on court probation as an adult? Yes No
If "yes," please give details (include when, where, why).

25. Have you ever been convicted of a crime as a juvenile? Yes No Reco Sealed
If "yes," please give details (include when, where, why).

26. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? s
If "yes," please give details (include when, where, name and location of court, circumstances).

MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of the position. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

| | |
|--|------------------|
| Error! Bookmark not defined. 27. Washington State Driver's License Number: Name under which license was granted: | Expiration Date: |
|--|------------------|

28. Please list other states where you have been licensed to operate a motor vehicle and list license number(s):

State: _____ Name & number under which license was granted: _____

State: _____ Name & number under which license was granted: _____

State: _____ Name & number under which license was granted: _____

29. Have you ever been refused a driver's license by any state? Yes No
 If "yes," please explain (include when, where, why).

30. Effective January 1, 1989, Washington State Law requires all drivers to have auto insurance with liability minimums of \$25,000 for the injury or death of one person, \$50,000 for two and \$10,000 for property damage, or show financial responsibility in one of two ways - a liability bond that meets requirements or by a \$60,000 certificate of deposit.

| Company | Address | Policy Number | Date of Expiration |
|---------|---------|---------------|--------------------|
| | | | |

Please indicate if you have a liability bond or a certificate of deposit. Bond Cert. of Dep.

31. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No

32. Please list all traffic citations and infractions (exclude parking tickets) you have received in any state, country or military installation within the last 7 years.

| Nature of Violation | Location (city) | Approximate Date | Indicate outcome |
|---------------------|-----------------|------------------|------------------|
| | | | |
| | | | |

33. Have you ever been involved as a driver in a motor vehicle accident within the last 7 years? Yes No

Date: _____ Location: _____ Injury Non-Injury

Police Investigation? Yes No Police Agency: _____

MOTOR VEHICLE OPERATION (Continued)

| | | | |
|--|--|---------------------------------|--------------------------------------|
| Date: | Location: | Injury <input type="checkbox"/> | Non- <input type="checkbox"/> Injury |
| Police Investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency: | |
| Date: | Location: | <input type="checkbox"/> Injury | <input type="checkbox"/> Non-Injury |
| Police Investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency: | |
| Date: | Location: | Injury <input type="checkbox"/> | Non- <input type="checkbox"/> Injury |
| Police Investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Police Agency: | |
| 34. If there is anything you wish to discuss about your driving record, please use the space below. | | | |
| <hr/> <hr/> <hr/> | | | |
| 35. Do you have any restrictions placed on your current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If "yes," please explain: | | | |
| <hr/> <hr/> <hr/> | | | |
| 36. Has your license ever been suspended, revoked, or placed on negligent operator's probation? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please explain: | | | |
| <hr/> <hr/> <hr/> | | | |

SPECIAL QUALIFICATIONS & SKILLS:

37. Do you have any special skills or qualifications which may be useful in this position?

38. List any other special skills or qualifications you may possess. Include hobbies, sports, and other special interest groups or organizations that you are involved with.

39. Can you speak any foreign language(s)? Indicate degree of fluency (Excellent, Good, Fair, Poor).

| Language | Reading | Speaking | Understanding |
|----------|---------|----------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

40. What do you like to do in your spare time? (Interests, hobbies, sports, activities, or any special interest groups or organizations that you are involved with).

PERSONAL HABITS:

| | Yes | No | Number of times |
|--|-----|-----|-----------------|
| 41. Have you ever possessed or experimented with marijuana? | [] | [] | [] |
| 42. Have you ever possessed or experimented with hashish? | [] | [] | [] |
| 43. When was the last time you possessed marijuana or hashish? List month and year: | | | |
| 44. Have you ever been involved in the sale or trafficking of any illegal drug(s)? | [] | [] | [] |
| If yes, when was the last time? _____ | | | |
| 45. Have you ever been in the presence of others who were using marijuana or any other illegal substances even though you did not participate? | [] | [] | [] |
| If yes, when was the last time? _____ | | | |

PERSONAL HABITS (Continued):

46. Have you ever possessed or experimented with:

| | Yes | No | Number of Times | Last Time (Month/Year) |
|--------------------------------|-----|-----|-----------------|------------------------|
| Amphetamines - "Uppers" | [] | [] | [] | [] |
| Methamphetamines - "Speed" | [] | [] | [] | [] |
| Barbiturates - "Downers" | [] | [] | [] | [] |
| Valium - Other than prescribed | [] | [] | [] | [] |
| Cocaine | [] | [] | [] | [] |
| Crack | [] | [] | [] | [] |
| Heroin | [] | [] | [] | [] |
| LSD - "Acid" | [] | [] | [] | [] |
| PCP - "Angel Dust" | [] | [] | [] | [] |
| Hallucinogenic - Mushrooms | [] | [] | [] | [] |
| "Designer" type drugs | [] | [] | [] | [] |
| Steroids | [] | [] | [] | [] |
| Hashish | [] | [] | [] | [] |

Any Other Drugs

[] [] [] []

List and Describe:

47. **IMPORTANT:** Describe the circumstances regarding the possession of any drug listed above. Include the nature of possession, the date(s), and how the drug was obtained and disposed of.

48. When was the last time you got angry? _____
Describe the circumstances: _____

49. When was the last time you were involved in a physical altercation? _____
Describe the circumstances: _____

50. Have you ever been involved in any domestic violence incident? Yes No
If yes, provide details _____

51. Have the civilian or military authorities ever responded or been summoned to your residence concerning domestic violence? Yes No
If yes, provide details _____

52. Regarding the job description for the position you have applied, do you have any beliefs which would prevent you from fully performing the duties assigned to you, including working weekends, evenings, or night shifts?
 Yes No If yes, explain: _____

53. Are there any incidents in your life or details not mentioned herein which may influence our evaluation of your suitability to be employed by the Pierce County Juvenile Court?
 Yes No If yes, explain: _____

54. If applicable are you willing to accept temporary/part-time employment? Yes No
Comment: _____

PERSONAL STATEMENT

55. In the space below, state your reasons for applying for this position. _____

56. Do you have any further information or comments about your background or suitability for employment with the Pierce County Juvenile Court?

I hereby certify that all statements made in this supplemental application process are true and complete and I understand that any misstatements of material will subject me to disqualification or dismissal.

Signature in full Date completed

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION
PART IV**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS
READ CAREFULLY BEFORE SIGNING**

To whom it may concern:

I, the undersigned, authorize you to furnish to the Pierce County Juvenile Court, or its agencies, any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military experience records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Pierce County Juvenile Court or its agencies. Your reply will be used to assist Pierce County Juvenile Court or its agencies in determining my qualifications and fitness for a position I am seeking with Pierce County Juvenile Court and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically **waive** those rights understanding that the information furnished will be used by the Pierce County Juvenile Court and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Pierce County Juvenile Court and/or its agencies or departments in conjunction with the employment process and hereby expressly **waive** any rights I may have to request the disclosure of information provided by you to the Pierce County Juvenile Court and/or its agencies or departments in conjunction with employment procedures.

Further, I do hereby release you, or your organization, your agents, and others from any liability or damage which may result from furnishing information to the Pierce County Juvenile Court pursuant to this waiver and authorization to release information.

DATED this _____ day of _____, 20_____.

Printed Name of Applicant

Signature of Applicant

CHILD/ADULT ABUSE INFORMATION ACT

(1987 Washington Laws, Chapter 486, RCW 43.43.830)

PART V

APPLICANT DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INQUIRY

POSITION APPLIED FOR: _____

DEPARTMENT: _____

IMPORTANT APPLICANT INFORMATION:

You are applying for appointment to a position which is directly responsible for the care, supervision, or treatment of children or adults with developmental disabilities. RCW 43.43 requires each such applicant to sign a disclosure statement, under penalty or perjury, relating to certain civil adjudications, conviction records, and disciplinary board final decisions. In addition, inquiries may be made to state and/or federal law enforcement agencies. Information obtained from the disclosure statement or background inquiries will not necessarily preclude appointment to the position applied for but will be considered in determining your character, suitability, and competence.

If you wish to be considered, you must complete and sign the Authorization for Background Inquiry and Applicant Disclosure forms.

Failure to complete and sign this form will disqualify you from further consideration.

If a background inquiry is made to a federal state law enforcement agency, you will be notified to the agency's response and copy of that response will be made available to you upon your request.

APPLICANT DISCLOSURE STATEMENT

CONFIDENTIAL INFORMATION:

For purposes of this statement, under RCW 43.43.830, a crime against a person means, "a conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; or any of these crimes as they may be renamed in the future."

(Please print all entries)

Name: _____ Maiden/Alias: _____
Last First Middle Last First Middle

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair _____

1. Have you ever been convicted of a crime against persons? Yes No

If answer is "yes," in which state(s)? _____

Please state the date(s) of any conviction(s). _____

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted, exploited, or physically abused any minor?

Yes No

If answer is "yes," in which state(s)? _____

Please state the date(s) of any such finding(s). _____

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited, or physically abused any minor?

Yes No

If answer is "yes," in which state(s)? _____

Please state the date(s) of any such finding(s). _____

4. Have you ever been found in any disciplinary board final decision to have sexually abused, exploited, or physically abused any minor?

Yes No

If answer is "yes," in which state(s)? _____

Please state the date(s) of any such board decision(s). _____

"I certify, under penalty of perjury, that the foregoing facts and information contained herein are true and complete to the best of my knowledge. I understand that any falsifications, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered."

"I hereby authorize the investigation of all matters which Pierce County deems relevant to my qualifications for employment, including all statements made in this disclosure statement and in attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons supplying it. I also release you from all liability which may result from making the investigation. I understand Pierce County may request and receive information from federal and/or state law enforcement agencies, that I will be notified of each agency's response, and that a copy of each response will be made available to me upon my request."

"I attest under penalty or perjury that the information I have provided on the Disclosure Statement is true and accurate to the best of my knowledge."

Printed Name of Applicant

Signature of Applicant

Mailing Address: _____
Street City State Zip Code

Date: _____