

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING

Name	Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Name	Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

EMPLOYMENT HISTORY: List your employment history starting with the most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job held as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)				From: Mo Yr
Supervisor Name:	Title:	Phone:	To: Mo Yr	
Duties				
				Number of Employees Supervised: :

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT
Address(Street, City, State, Zip Code)				From: Mo Yr
Supervisor Name:	Title:	Phone:	To: Mo Yr	
Duties				Number Professional Employees Supervised

REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name	Business/Occupation	Relationship
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Address (Street, City, State, Zip Code)	Phone
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Address (Street, City, State, Zip Code)	Phone
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WORK SKILLS/TRAININGS/COURSE WORK: Summarize any other skills, trainings or course work you have completed which you believe relate to this position for which you are applying. (You may omit those that indicate race, religion, ancestry, sex, age, marital status or the existence of a disability)

Pre-Interview Information:

1. Have you used illegal drugs in the last three (3) years? Yes No
2. Have you been arrested for any crime in the last 10 years? Yes No
3. Have you been involved in any illegal activity that would disqualify you as a volunteer? Yes No
4. Are you unable to volunteer a minimum of 16 hours per month? Yes No
5. Are you unable to make a one (1) year commitment to the FJC as a Volunteer? Yes No
6. If you answered "Yes" to any of the above please explain?

Day(s) able to intern:

Mon Tue Wed Thur Fri

Shift able to intern:

8:30 AM -12:30 PM 12:30 PM - 4:30 PM

CERTIFICATION: I certify that I possess the experience, education and/or licenses required for the job for which I am applying. I also certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a position with the Tacoma/Pierce County Family Justice Center.

Signature

Date

FJC USE ONLY

Application Received:

Application Entered:

Application Reviewed: Accepted Rejected Conditional Accept

Reason for reject/conditional accept:

Interviewed Background packet Background checked Assigned to Position

Day(s) able to volunteer:

Mon Tue Wed Thur Fri

Shift able to volunteer:

8:30 AM -12:30 PM 12:30 PM - 4:30 PM

Criminal History Disclosure Form

The Crystal Judson Family Justice Center (FJC) requires that every applicant complete this form, whether for positions in a compensated capacity, or volunteers who will or may have regularly scheduled, unsupervised contact with children under the age of 16. Section 3, RCW 43.43.834 and 1990 c 3 s 1103 requires said individuals to disclose the following. Have you ever been convicted of:

	Yes	No		Yes	No
Any crime against children or other persons	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	Simple assault	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First/second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>
First/second/third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect (RCW26.44.020)	<input type="checkbox"/>	<input type="checkbox"/>
First/second/third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	First/second degree custodial interference	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment	<input type="checkbox"/>	<input type="checkbox"/>
First degree arson	<input type="checkbox"/>	<input type="checkbox"/>	First/second/third degree child molestation	<input type="checkbox"/>	<input type="checkbox"/>
First degree burglary	<input type="checkbox"/>	<input type="checkbox"/>	First/second degree sexual misconduct with child	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute	<input type="checkbox"/>	<input type="checkbox"/>
First/second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment	<input type="checkbox"/>	<input type="checkbox"/>
Indecent liberties	<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography	<input type="checkbox"/>	<input type="checkbox"/>
Incest	<input type="checkbox"/>	<input type="checkbox"/>	Selling/distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>
Vehicular homicide	<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault	<input type="checkbox"/>	<input type="checkbox"/>
First degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order	<input type="checkbox"/>	<input type="checkbox"/>
Communication with a minor for immoral purposes	<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>
Felony indecent exposure	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
			Criminal abandonment	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been:

	Yes	No
Convicted of crimes related to drugs as defined in RCW 43.43.830	<input type="checkbox"/>	<input type="checkbox"/>
Found by any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor	<input type="checkbox"/>	<input type="checkbox"/>
Found by court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor	<input type="checkbox"/>	<input type="checkbox"/>
Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult	<input type="checkbox"/>	<input type="checkbox"/>
Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult	<input type="checkbox"/>	<input type="checkbox"/>

I, (print name) _____, attest to the truth of this statement, and understand that it is sworn under penalty of perjury.

Signature: _____ Date: _____

Request for Conviction Criminal History Record

Instructions: The job applicant (compensated or volunteer) must complete this form prior to employment and annually thereafter. Request for conviction criminal history from the Washington State Patrol is a condition of employment. See policy 1.1.1, Criminal History Background Checks. The applicant completes the form. The responsible supervisor visually inspects photo identification to verify the name and birth date of the applicant, and attaches a photocopy of the identification to this form. The form is submitted to the Director for processing.

PLEASE INCLUDE COPY OF PHOTO IDENTIFICATION WITH VOLUNTEER APPLICATION PACKET

Applicant Information

Name:

Last First Middle

Alias or maiden name:

Last First Middle

Date of Birth: _____ Sex: _____ Race /
ethnicity: _____
Month/day/year

Social Security Number: _____ Driver's License
Number: _____

Applicant signature

Date

FJC STAFF TO COMPLETE BELOW THIS LINE

Requested By

Name: _____

Title: _____

Processed through Washington State Patrol By

Name:

Last First Middle

Date Completed: _____

Signature: _____
Month/day/year

Notes