

**Lakeside-Milam Recovery Centers  
Application for Employment**

Position Applied for \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Person to contact in emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you have any relatives working for Lakeside-Milam Recovery Centers?  Yes  No

If yes, give job title: \_\_\_\_\_

Can you provide proof of citizenship after employment?  Yes  No

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

COLLEGE EDUCATION							
College Attended	School City	School State	Major	Dates Attended	Credits	Degree Earned (BA, BS, MBA, etc.)	Date Degree Received

OTHER EDUCATION/TRAINING			
Other Courses and Training	Length of Course	Name of Sponsor/ Institution	Date

PROFESSIONAL LICENSES			
Type of License	License No.	Date Issued	Expiration Date

EMPLOYMENT HISTORY: List your work record, beginning with your present or most recent employment. You need not go back beyond 10 years. However, if you feel that your work experience beyond 10 years is important, please include it. Include any periods of self-employment and U.S. military service. Use additional sheets if necessary. List each promotion separately. Describe the work you did and the number and type of employees supervised, if any. Job-related volunteer experience may be included.

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Your present (or most recent) position: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Full or Part Time: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

May we contact your employer?  Yes  No

Reason for leaving or considering change: \_\_\_\_\_

Primary duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Title of Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Full or Part Time: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Primary duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Title of Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Full or Part Time: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Primary duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Lakeside-Milam Recovery Centers (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**AUTHORIZATION TO RELEASE INFORMATION**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
DL State

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*Under the Washington Fair Credit Reporting Act, you have the right to ask IntelliCorp for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.*



**History of Crime and/or Physical Abuse – Part I**

The employment offer made to you by LMRC is contingent upon a review of your history for certain crimes and child or dependent adult abuse. LMRC intends to make such inquiry pursuant to RCW 43.43.830 et seq. Any employment offer may be withdrawn in the event of any such history.

**HAVE YOU EVER BEEN:**

- (a) Convicted of any crime against children or other persons\*?  Yes  No
- (b) Convicted of any crimes related to drugs\*\*?  Yes  No
- (c) Convicted of crimes relating to financial exploitation \*\*\* if the victim was a vulnerable adult?  Yes  No
- (d) Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?  Yes  No
- (e) Found by a 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?  Yes  No
- (f) 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?  Yes  No
- (g) Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?  Yes  No

If you have answered “yes” to any of the above questions, please provide a written explanation as to the nature of circumstances of the crime on Part II of this form.

The undersigned states that he/she understands the contingent nature of any employment offer and declares that all information and responses provided herein are sworn to as true and correct under penalty of perjury in the State of Washington.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

\*Pursuant to RCW 43.43.830(5), “Crimes against children or other persons” 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 assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first 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; child abuse or neglect as defined by RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

\*\* Pursuant to RCW 43.43.830(6), “Crimes relating to drugs” means a conviction to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.

\*\*\*Pursuant to RCW 43.43.830(7), “Crimes relating to financial exploitation” means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.



**LAKESIDE-MILAM**  
RECOVERY CENTERS

**History of Crime and/or Physical Abuse – Part II**  
**Explanation of Crimes Against Child or Dependent Adult**

(a) \_\_\_\_\_

\_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_

(c) \_\_\_\_\_

\_\_\_\_\_

(d) \_\_\_\_\_

\_\_\_\_\_

(e) \_\_\_\_\_

\_\_\_\_\_

(f) \_\_\_\_\_

\_\_\_\_\_

(g) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned states that he/she understands the contingent nature of any employment offer and declares that all information and responses provided herein are sworn as true and correct under penalty of perjury in the State of Washington.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature



**LAKESIDE-MILAM**  
RECOVERY CENTERS

**DRIVING RECORD QUESTIONNAIRE**

A. Do you have a valid Washington State Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you had any major violations in the last three years such as DUI, vehicular homicide, reckless driving, drugs, or leaving the scene, speeding over 80 mph or 21 mph over the posted limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you had more than two moving violations in the last three years in combination with one at-fault accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you had more than three moving violations in the last three years with no at-fault accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Have you had more than two at-fault accidents in the last three years with no moving violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. More than one at-fault accident in any one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Operating a vehicle without a license or with a suspended or revoked license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Answering no to Question A or answer yes to any questions B through G will result in disqualification of driving privileges.

The undersigned states that he/she understands the contingent nature of any employment offer and declares that all information and responses provided herein are sworn to as true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





**EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST**

That I, \_\_\_\_\_, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record:

Signature	Date	WA State Driver's License Number
Full Name	SSN	Date of Birth
Address	City	State/Zip

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(For employer use only)

**EMPLOYER ATTESTATION**

- A. That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- B. That First Advantage, Inc. is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- C. That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus or commercial vehicle upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire, and commercial motor vehicles as defined in Chapter 46.25 RCW.
- D. That the information contained in the abstracts of driver records obtained from the Washington State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

**FOR EMPLOYER USE ONLY:**

Lakeside-Milam Recovery Centers  
 Company Name  
 10322 NE 132<sup>nd</sup> Street, Kirkland, WA 98034  
 Address

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Name (print) \_\_\_\_\_ Title \_\_\_\_\_

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

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

**Lakeside-Milam Recovery Centers  
Employee Affidavit of Freedom from Chemical Dependency**

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

The below authorized representative of LMRC has thoroughly explained to me that certain conditions of employment regarding drug and alcohol use and abuse exist as defined in the LMRC Employee Handbook. I am fully aware that violation of the aforementioned policies can result in immediate termination.

I agree that these conditions are reasonable, and I hereby give my unqualified consent for tests, including urinalysis, conducted to detect substance abuse or use of illicit substances as deemed necessary by my employer.

I understand that periodic and random urine drug testing is a requirement of employment and that refusal to take any urine drug test is grounds for dismissal.

LMRC reserves the right to ask employees to provide proof of medications, e.g. a physician's statement, at any time. I understand that providing false or inaccurate or incomplete information will be grounds for termination and/or ineligibility for employment.

I understand that all staff of LMRC shall be free of any chemical dependency or misuse for a minimum of two years prior to employment. I hereby attest that I am in compliance with this policy and that falsifying this information may result in immediate dismissal.

Further, I understand that this policy is a condition of obtaining and continuing employment, it does not alter an employee's status of at-will employment and does not constitute nor should be deemed a contract or promise of employment.

This consent is given this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SIGNED: \_\_\_\_\_

\_\_\_\_\_  
LMRC Representative

## **Lakeside-Milam Recovery Centers Substance Abuse Policy**

As a leader in the treatment of alcoholism and other drug addiction, Lakeside-Milam Recovery Centers is particularly concerned with any use of mind or mood altering substances by its employees. Any misuse of such substances can affect the health of the employee as well as the performance of his or her job. Furthermore, any misuse of such substances by employees will seriously compromise the image of Lakeside-Milam and its ability to effectively treat people suffering from addiction to alcohol and other drugs.

It has been and shall continue to be the policy of Lakeside-Milam that no employee shall misuse alcohol or any mind or mood altering drug or other substance. Any misuse may result in disciplinary action up to and including termination.

"Misuse" shall include, but not be limited to:

- Illegal use, sale, or possession of alcohol or any controlled substance;
- Violation of any law, any element of which includes the use of alcohol or any controlled substance;
- Possession or use on company property of any alcohol or controlled substance; provided that use shall be permitted of any prescription medication if the employee's supervisor is advised in advance, such use is in accordance with a properly issued prescription, and it is the opinion of the employee, physician, and supervisor that performance will not be impacted;
- Being under the influence of any mind or mood altering substance during work hours or while on company property;
- Failure to advise supervisor of the use of any prescription mind or mood altering medication;
- Any use of alcohol or other mind or mood altering substance by any recovering addicts.
- The company may require any employee to submit to appropriate tests to determine the presence of alcohol or any prohibited drug or substance in his or her system. Such tests will be required as pre-employment qualification. They may also be requested during the course of employment on the basis of reasonable suspicion, random selection, follow-up, or on any other reasonable basis as established by the Company. Failure to promptly permit such tests upon management's request shall result in disciplinary action up to and including termination.
- Any employee who is addicted to alcohol or any mind or mood altering substance shall be offered treatment through Lakeside-Milam's programs if he or she voluntarily presents himself or herself for treatment. If misuse of alcohol or other substance is identified by the company, offer of treatment shall be at the discretion of Lakeside-Milam.

Urinalysis Procedure. The following shall be the procedure followed by Lakeside-Milam in performing a urinalysis upon an employee.

The employee shall be asked to sign a form consenting to the taking and testing of a urine sample. Refusal to execute such form shall result in disciplinary action up to and including termination of employment.

The employee shall list all medications which the employee has taken in the 30 days preceding the taking of the sample. This includes over-the counter and prescription medications, as well as those given as samples or administered by a health care professional including local or general anesthesia or other injectibles. Such list shall be placed in a sealed envelope which shall be retained and reviewed by Corporate management. LMRC reserves the right to ask employees to provide proof of any such medications, e.g. a physician's statement, at any time.

After completing a monitored sample, a tamper-proof seal shall be applied to the sample bottle and a label shall be affixed to the seal which identifies the sample. An employee, or anyone else, who in any way alters, tampers with, or substitutes a urine sample will be subject to disciplinary action up to and including termination of employment.

An initial screening test shall be performed by using the enzyme multiplied immunoassay technique (EMIT). If a positive result is indicated by the EMIT test a confirmatory test will be run using chromatography. A test will be considered positive if the confirmatory test also indicates a positive result. All test results shall be sent confidentially to the Human Resource Manager and forwarded to Medical Director.

Employees with a confirmed positive test will be subject to disciplinary action up to and including termination of employment. In the case of pre-employment screens, identification of misuse will result in the withdrawal of the job offer.

**Lakeside-Milam Recovery Centers  
Emergency Contact Info**

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

LMRC Location: \_\_\_\_\_

Physician: \_\_\_\_\_

Allergic to any medication? \_\_\_\_\_

In case of emergency:

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_