



Kokua Services
SUPPORT • ENCOURAGE • EMPOWER

1226 Carpenter Rd SE, Suite B-1, Lacey, WA 98503

www.kokuaservices.org

Thank you for your interest in employment with Kokua Services! Kokua means selfless giving, kindness, and support. We are proud to share that we have been supporting individuals with disabilities since 1990!

We value our employees and appreciate the work to improve the lives of our clients. Currently **we** have a bonus of \$500 for each *new* employee who *already* has their NAR, HCA, or CNA. **We** also have a shift bonus of \$50 for every 4 hours worked above 40 hours per week.

Interviews are generally held Monday-Friday 9:30am-3:30pm

We welcome drop-ins or you can schedule an interview by:

- [Emailing Savannah at savannah@kokuaservices.org](mailto:savannah@kokuaservices.org)
- [Texting/calling Savannah at 360.764.9242 \(between the hours of 9am-5pm Mon-Fri\)](tel:360.764.9242)

Our interview process is about getting to know you and you getting to know us to determine if we are a good match for each other and the work we do. If we process your application, we will let you the next steps.

Any additional questions, please contact Savannah Dresbach at 360.764.9242

Please bring the following to your interview:

- Completed application packet (including background check form and references)
- Your driver's license
- Your vehicle insurance card
- Proof of COVID vaccine
- The following items are not required, but if you have them, please bring them as well: First Aid/CPR card, Nurse Delegation Core Training Certificate, NAR or CNA card, HIV training certificate, Bloodborne Pathogens training certificate

*You will be required to submit a driving abstract for a small fee.

Thank you again for your interest in Kokua!





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1226 Carpenter Rd SE, Ste B-1
Lacey, WA 98503

Phone 360-705-4665

Fax 360-705-4654

Date: _____ Legal Name: _____

Phone Number: _____ Alt. Phone Number: _____

Address: _____

City: _____ Zip: _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____

Are you at least 18 years old? Y ___ N ___

Do you currently have your high school diploma or GED? (Required) ___ Y ___ N

When? _____ Where (city, state)

Level of Education Completed: _____ When? _____ Where? (city, state)

Please note your availability (Start and end time).

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Please check your preference below:

___ Part time (1-29 hours per week)

___ Full time (30-40 hours per week)

___ Fill-in status (You do not have a set schedule. This is a very flexible position. You need to work at least 64 hours per month, but you can work up to 40 hours per week and overtime if preapproved.)

Initial

I understand that I will be required to work weekends.

NON-DISCRIMINATION IN EMPLOYMENT

Kokua is an equal opportunity employer. We will not discriminate in any employment actions based upon the employee’s race, religion, marital status, age, gender, sexual orientation, color, creed, national origin, veteran or Vietnam era veteran status, use of a trained guide dog or service animal by a person with a disability or a handicapping condition, the presence of any sensory, mental or physical disability, including communicable diseases and HIV/Aids. Kokua expects employees to treat both clients and other employees in a non-discriminatory manner. Discriminatory behavior may be cause for discipline.

U.S. Citizen: Yes No (If no, Alien Number must be given before employment begins)

Have you ever been convicted of a felony? Yes No (If yes, attach explanation)

Military service? Yes No

Do you have any volunteer and community experience working with special populations?

Education / Employment Goals:

I affirm that the information contained in this application and in any other material included as part of this application is true and correct to the best of my knowledge. I understand that any misrepresentation given in the application process may lead to my termination from employment. In order to maintain staff flexibility that is essential to the successful management of our agency, it is understood that any employment relationship with Kokua is “At Will”. It can be terminated, with or without cause, at any time by either the employer or the employee.

Signature: _____ Date: _____



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Acknowledgement of Job Duties

Kokua employees provide personal support for adults with disabilities. Extensive training will be provided to assist new employees to perform tasks per Kokua's expectations. All direct care positions require that employees are able to participate in the following activities:

- Cook client meals
- Accompany clients to do their grocery shopping
- Perform house cleaning chores
- Laundry
- Yard work and lawn mowing
- Lift up to 30 pounds
- Provide personal care, as needed (help with bathing, toileting, dressing)
- Use augmentative communication devices, as needed
- Ride the Intercity Transit bus with clients
- Drive a company vehicle to transport clients
- Assist clients to attend religious functions of their choice
- Support a client's lifestyle choices even if they conflict with your own values
- Accompany clients on outings in the community
- Follow safety training instructions
- Use universal health precautions training to prevent the spread of disease
- Complete daily documentation as instructed in new employee training classes

I have read the job requirements listed above and I affirm that I am willing and able to perform the tasks listed.

Applicant Signature

Date

Instructions for Completing the Background Check Authorization form, DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

Important: The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word "REQUIRED:" next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

This form is to be completed by the applicant, the person whose background DSHS is checking.

BOX NO.	INSTRUCTIONS
1	Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write N/A in each field that you do not have a name to enter.
2	Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter N/A in the appropriate box. Do not leave any of the boxes blank.
3	Print your date of birth listing the month, day, and year (MM/DD/YYYY).
4	Phone number where you can be reached Monday through Friday between 8:00 AM to 5:00 PM. By checking the box, you are authorizing BCCU to leave a detailed message.
5	By providing your email address and checking the consent box, you are giving BCCU consent to send you confidential and sensitive background check information, including a fingerprint rap sheet (if applicable). BCCU will not mail or email when no background information is found (No Record). Contact BCCU if you have questions.
6	You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check.
7A	Print your Driver's License or state-issued ID number.
7B	The state where your Driver's License or ID was issued.
8	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer NO . If you have lived in any state or country other than Washington State within the last three years (36 months), answer YES .
9	Print your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Print your street address if it is different than your mailing address. If you street address and mailing address are the same, enter SAME .
11A	You must check YES or NO . If you check YES , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or N/A . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
11B	You must check YES or NO . If you check YES , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or N/A . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
12 – 14	Read each question carefully before answering. You must check YES or NO . Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.
15	Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.
16	Enter the month / day / year (MM/DD/YYYY) you signed Box 15.

Important Information about Answering Self-Disclosure Questions (11A-14): Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

Questions about the Background Check Process: Contact the Background Check Central Unit (BCCU) by email bccuinquiry@dshs.wa.gov or phone at 360-902-0299.

Background Check Authorization

Section 1. Required: Applicant Information (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).			
1. REQUIRED: LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)			
FIRST	MIDDLE	LAST	
2. REQUIRED: OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED			
FIRST	MIDDLE	LAST	
3. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	4. REQUIRED: PHONE NUMBER (INCLUDE AREA CODE)	<input type="checkbox"/> I authorize BCCU to leave a detailed message.	
5. EMAIL ADDRESS		<input type="checkbox"/> By checking this box, I consent to and authorize BCCU to email my confidential and sensitive background check information, including a fingerprint rap sheet (if applicable), to the email address I have provided. By NOT checking this box, BCCU will use the mailing address provided to send me my background check information.	
6. SOCIAL SECURITY NUMBER	7A. REQUIRED: VALID DRIVER'S LICENSE OR STATE ID (WRITE NONE IF NONE)	7B. REQUIRED: ISSUING STATE	
8. REQUIRED: HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. REQUIRED: MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION			
STREET	APT. NO.	CITY	STATE ZIP CODE
10. REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)			
STREET	APT. NO.	CITY	STATE ZIP CODE
Section 2. Required: Self-Disclosure Questions for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. SEE INSTRUCTIONS.			
11A. Have you been convicted of any crime? If <u>yes</u> , complete Page 2, Section 3..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
11B. Do you have charges (pending) against you for any crime? If <u>yes</u> , complete Page 2, Section 4. <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult?.. <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child?.. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> • Permanent vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34. • Sexual assault protection order under RCW 7.90. • Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14. 			
I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children. I understand and agree my signature in the box below means:			
<ul style="list-style-type: none"> • I give DSHS permission to check my background with any governmental entity and law enforcement agency. • My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law. • If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result. • DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law. 			
15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.			16. REQUIRED: TODAY'S DATE (MM/DD/YYYY)

Background Check Authorization

List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

Important information about answering self-disclosure questions: Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID			
FIRST:	MIDDLE:	LAST:	
REQUIRED: DATE OF BIRTH (MM/DD/YYYY)			
Section 3. Question 11A. If you check YES, you must enter the crime name, degree (if any), state, conviction date, and crime information.			
1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
<hr/>			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
<hr/>			
3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
Section 4. Question 11B. If you check YES, you must enter the PENDING charge name, degree (if any), state, and crime information.			
1. CRIME NAME	DEGREE (IF ANY)	STATE	
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
<hr/>			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			



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Personal Reference Form

APPLICANT NAME: _____

DATE: _____

1. Please provide the first and last name of an individual that has known you for at least three years and is not a family member that would speak to your character:

Name: _____

Phone Number: _____ Email Address: _____

To be completed by Kokua

- A. How long have you known the applicant? _____
- B. Are you a family member? _____
- C. Do you consider the applicant to be of good moral character? _____
- D. Are you aware of any reason why this individual should not be allowed to work unsupervised with vulnerable adults? _____

Human Resources or Designee

Date and time

2. Please provide the first and last name of an individual that has known you for at least three years and is not a family member that would speak to your character:

Name: _____

Phone Number: _____ Email Address: _____

To be completed by Kokua

- A. How long have you known the applicant? _____
- B. Are you a family member? _____
- C. Do you consider the applicant to be of good moral character? _____
- D. Are you aware of any reason why this individual should not be allowed to work unsupervised with vulnerable adults? _____

Human Resources or Designee

Date and time

3. Please provide the first and last name of an individual that has known you for at least three years and is not a family member that would speak to your character:

Name: _____

Phone Number: _____ Email Address: _____

To be completed by Kokua

- E. How long have you known the applicant? _____
- A. Are you a family member? _____
- B. Do you consider the applicant to be of good moral character? _____
- C. Are you aware of any reason why this individual should not be allowed to work unsupervised with vulnerable adults? _____

Human Resources or Designee

Date and time



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WORK REFERENCE FORM

Note to applicant: Three Work Reference Forms are needed, please make copies.
Fill out top portion with previous employer information and submit with application.

Applicant: _____

I authorize the employer to release to Kokua the information requested on this form.

Applicant's Signature: _____ **Date:** _____

Reference Company: _____ **Contact Name:** _____

Phone: _____ **Fax:** _____

Dates of Employment with reference listed: _____

THIS PORTION IS TO BE COMPLETED BY FORMER EMPLOYER

The applicant listed has applied for employment with Kokua and provided your name as a previous employer/professional reference.

Please complete and return this form either by fax **360.705.4654** or scan and email to cece@kokuaservices.org.
~Thank you!

Applicant's abilities in the following areas:

	Excellent	Good	Average	Poor	N/A
Cooperation & Teamwork	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Punctuality & Attendance	_____	_____	_____	_____	_____

Dates of Employment: _____ **Would you rehire?** _____

Reason for leaving: _____

Signature

Title

Date



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	Excellent	Good	Average	Poor	N/A
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Reliability	_____	_____	_____	_____	_____
Punctuality & Attendance	_____	_____	_____	_____	_____

Dates of Employment: _____ **Would you rehire?** _____

Reason for leaving: _____

Signature

Title

Date



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Reliability	_____	_____	_____	_____	_____
Punctuality & Attendance	_____	_____	_____	_____	_____

Dates of Employment: _____ **Would you rehire?** _____

Reason for leaving: _____

Signature

Title

Date

