



**LUMMI INDIAN BUSINESS COUNCIL
LAW AND ORDER EMPLOYMENT APPLICATION**

Human Resources

2665 KWINA ROAD, BELLINGHAM, WA 98226 Fax No 360-380-6991
360-312-2023

Please include a cover letter and resume along with this application.

PRINT LEGIBLY _____

Last Name

First

Middle

REQUIREMENTS

1. Minimum Age 21 years.
2. Applicant shall not have been convicted by any state, tribe or by the federal government of any crime, any punishment for which could have been imprisonment in a federal, state or tribal prison or institution, and shall not have been convicted of any offense involving moral turpitude, narcotics or drugs. ****PLEASE REVIEW INCLUDED BACKGROUND CHECK POLICY – POSITION IS SUBJECT TO ALL CATEGORIES****
3. Good physical and mental health.
4. United States Citizen.
5. High School Diploma or GED.
6. Able to obtain state and U.S. government license.

POSITION APPLYING FOR:

Police Officer

Natural Resource Officer

Administrative

Applicant must successfully complete and pass a written examination, physical, agility test, oral interview, polygraph test, psychological test, physical examination, background interviews and credit check.

INDIAN PREFERENCE I plan to claim Indian Preference:

Yes No Tribe _____ Enrollment # _____
(If yes, attach Proof of Enrollment)

MILITARY PREFERENCE I plan to claim military preference:

Yes No
(If yes, attach copy of form 214)

POLICE ACADEMY PREFERENCE I plan to claim basic police academy:

Yes No
(If yes, attach copy of B.I.A. or Washington State Basic Academy Certificate)
(If no, complete and attach 3 year agreement)

Application must be FULLY completed – do not leave any answers blank.

DIRECTIONS TO APPLICANT

Read carefully before answering the following questions.

- I. All the statements in this application shall be under the penalties of perjury and the applicant's own handwriting, in ink. An unreadable application will be rejected.
- II. No recommendations or certificates other than those provided for at the end of this application will be received.
- III. Applicants will be notified of the time and place of testing. It is the responsibility of the applicant to notify Lummi of change of address or telephone number.
- IV. A failure to properly fill the blanks or to send satisfactory certifications will cause the application to be returned for corrections. Applications that show the applicant lacks the qualifications as to age, health, etc. required by rules will be rejected and the applicant notified.
- V. I understand that if hired my first year of employment will serve as a probationary period.

1. Full Name _____
Last First MI

2. Social Security No. _____ - _____ - _____ Age _____ Date of Birth _____

3. Present Address: _____
City _____ Zip _____

4. How long at this address? _____

5. Phone Number(____) _____ - _____ Present Occupation _____

6. Name, address and phone number of someone who will be able to contact you at all times:

7. Name of Employer _____ How long? _____

8. Military Service & Rank _____

Security clearance _____

9. Total income last year (yours only) \$ _____

10. Total income last year (from all sources) \$ _____

11. Have you ever been convicted of any offense, other than a minor traffic violation, which resulted in imprisonment, probation, or the payment of a fine, or forfeiture of bail? (Exclude juvenile offenses if records legally sealed). If yes, give date(s), charge(s), location or court(s) and sentence(s).

List **convictions** only. Answering yes is not necessarily disqualifying. recency, nature and circumstances of offense will be taken into consideration.

Yes No If yes, for what? _____
Date _____ Location _____

12. Have you ever had any traffic tickets? Yes No For what? _____

13. Driver's license number _____ State _____ How long? _____

14. What sports have you been a participant of?

15. What are your hobbies? _____

16. Can you operate a motorcycle? Yes No

17. Are you a member or affiliated with any organization considered subversive? Yes No

18. Can you type? Yes No WPM _____

19. Do you have a satisfactory credit rating? Yes No

20. Have you ever been refused credit? Yes No

21. Have you ever declared bankruptcy? Yes No

22. Are you buying on credit now? Yes No

23. How much do you owe? \$ _____ For what? _____

24. Do you own your home? Yes No

25. Do you have good eyesight? Yes No Explain _____

26. Do you have good hearing? Yes No Explain _____

27. Have you ever applied for law enforcement work? Yes No
Where _____ When _____ Accepted Yes No

28. Have you ever been fingerprinted? Yes No Mugged? Yes No

29. Have you ever worked nights or swing shift? Yes No Will you now? Yes No

30. List three references other than relatives or employers:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

31. List three credit references:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

32. EDUCATION:

<u>Type of School</u>	<u>Name and State</u>	<u>Yrs. Completed</u>	<u>Graduated</u>	
High School	_____	_____	Yes	No
Vocational/Trade	_____	_____	Yes	No
College/University	_____	_____	Yes	No

Type of Degree Obtained? €AAS €BA €PHD €Other _____

Please provide any additional knowledge, skills, qualifications that you may have, and any professional organizations, which you belong to that, are relative to the position you are currently applying for. Any special training you feel would benefit you in this line of work, i.e.: EMT, Firearms, etc.

EXPERIENCE

33. List all jobs you have held since leaving high school. Put your present or most recent job first. Include Military service. If you need more space, attach additional sheets. Explain gaps in employment under "Remarks" below.

From _____ Job Title _____ Employed by _____

To _____ Job Duties _____

Address _____ City _____ Zip _____

Supervisors Name _____ Phone Number _____

Reason for leaving _____ Total time _____

Beginning Salary _____ Final Salary _____

From _____ Job Title _____ Employed by _____

To _____ Job Duties _____

Address _____ City _____ Zip _____

Supervisors Name _____ Phone Number _____

Reason for leaving _____ Total time _____

Beginning Salary _____ Final Salary _____

From _____ Job Title _____ Employed by _____

To _____ Job Duties _____

Address _____ City _____ Zip _____

Supervisors Name _____ Phone Number _____

Reason for leaving _____ Total time _____

Beginning Salary _____ Final Salary _____

Are there any restrictions on your availability for employment in law enforcement?

Yes No (e.g., unable to work varying shifts, holidays, weekends, overtime, emergency call backs, still in school; unwilling to submit to background investigation/polygraph/ physical examination) If yes, explain below:

REMARKS/CLARIFICATION: Use this section to explain convictions, dismissal or forced resignation, gaps in employment, or other information pertinent to your consideration for employment as a Police Officer.

34. Why do you want to enter the field of law enforcement?

Signature of Applicant

Date



LUMMI NATION
Lummi Indian Business Council
Human Resources Department Background
Investigation Release Form for Employment

In order to provide a safe environment for the community, the Lummi Indian Business Council (LIBC), as the governing body of the Lummi Nation, has established a policy to conduct background investigations prior to hire of a prospective employee and at regularly occurring intervals on current employees. To comply with this policy, it is necessary for you to complete the Background Investigation Release Form below. Information gathered in this process will be kept completely CONFIDENTIAL. If you have any questions regarding this policy and its application to you, please contact the Human Resources Department.

NOTICE TO APPLICANT

The LIBC Human Resources Department conducts the Lummi Nation's background checks. You may request a summary of your background check from the LIBC Human Resources Department.

AUTHORIZATION

I, _____, understand that the Lummi Indian Business Council will investigate my background. This will include inquiry into any past or currently alleged criminal conduct as well as motor vehicle records. Additionally, this may include Juvenile records (where available) in accordance with the LIBC Human Resource Policies. I further authorize _____ to release records related to this background investigation to employees of the LIBC Human Resources Department.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested.

A copy of this authorization shall have the same force and effect as the original. This form is valid from the date of its execution through the entire period of my employment with the LIBC.

Signature of prospective/current employee

Date

Signature of authorized parent or guardian (if prospective or current employee is a minor)

Date

INSTRUCTIONS

(PLEASE NOTE THIS IS A TWO (2) PAGE DOCUMENT)
PLEASE PRINT CLEARLY

Complete ALL sections below. Please include all names by which you are known or have ever used. The information you provide will be used only as it relates to consideration for employment (paid or not paid). Please note that a conviction/criminal history record does not necessarily disqualify an individual for employment.

Legal Full Name

First	Middle	Last

Alias/Previous Name(s)

First	Middle	Last

Present Address:

Street	City	State	Zip

Previous Address: (if less than one year)

Street	City	State	Zip

/ /				
Date of Birth	Sex	Race	Color of Eyes	Color Hair

If Native American: Tribe

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Social Security Number

Position Interested in:

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Department:

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Contact Phone Number:

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****PLEASE PRINT CLEARLY****

****FORMS NOT COMPLETED CORRECTLY WILL BE DELAYED****



CONSENT

NOTICE TO CLIENTS: The Department of Social and Health Services (DSHS) can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for DSHS and the agencies and individuals listed below to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you do not sign this form, DSHS may still share information about you to the extent allowed by law. If you have questions about how DSHS shares client confidential information or your privacy rights, please consult the DSHS Notice of Privacy Practices or ask the person giving you this form.

FULL NAME – FIRST NAME-MIDDLE NAME-LAST NAME		FORMAT 00/00/19XX	SOCIAL SECURITY NUMBER
NAME	DATE OF BIRTH		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	OTHER NAMES USED - FULL NAME - FIRST NAME-MIDDLE NAME-LAST NAME		

CONSENT:

I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I further grant permission to DSHS and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery.

Please check all below who are included in this consent in addition to DSHS and identify them by name and address:

- Health care providers: _____
- Mental health care providers: _____
- Chemical dependency service providers: _____
- Other DSHS contracted providers: _____
- Housing programs: _____
- School districts or colleges: _____
- Department of Corrections: _____
- Employment Security Department and its employment partners: _____
- Social Security Administration or other federal agency: _____
- See attached list
- Other: **PRE-EMPLOYMENT SCREEN**

I authorize and consent to sharing the following records and information (check all that apply):

- All my client records
- Records on attached list
- Only the following records
 - Family, social and employment history
 - Payment records
 - Other (list): _____
 - Health care information
 - Individual assessments
 - Treatment or care plans
 - School, education, and training

PLEASE NOTE: If your client records include any of the following information, you must also complete this section to include these records.

- I give my permission to disclose the following records (check all that apply):
- Mental health
 - HIV/AIDS and STD test results, diagnosis, or treatment
 - Chemical Dependency (CD) services

- This consent is valid for one year as long as DSHS needs records, or until **END OF EMPLOYMENT**
- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.
- I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.
- A copy of this form is valid to give my permission to share records.

SIGNATURE	DATE	AGENCY CONTACT/WITNESS SIGNATURE	DATE
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)		TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE

If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)

- Parent
- Legal Guardian (attach court order)
- Personal representative
- Other:

NOTICE TO RECIPIENTS OF INFORMATION: If these records contain information about HIV, STDs, or AIDS, you may not further disclose that information without the client's specific permission. If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Questionnaire/Application for a Child Care Position

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Former name, from a former marriage, alias(s), or nickname(s). Name				4. Your Telephone No. ()		
5. Place of Birth City				County		State
7. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.				6. e-mail address		
Month/Year	Month/Year	Street Address	City	State	Zip code	
1)	To Present					
Month/Year	Month/Year	Street Address	City	State	Zip code	
2)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
3)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
4)	To					
8. Residence on an Indian Reservation – List any Indian Reservations in which you have lived or worked in the last 5 years.						
9. Education – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 20 or separate page if more space is needed.						
Month/Year	Month/Year	Name of School	Degree/Diploma/Other		Month/Year Awarded	
	To					
Street Address and City of School				State	Zip Code	
10. Employment - List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."						
Month/Year	Month/Year	Employer Name	Position Title			
1)	To Present					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left						

Application continuation

Last Name					First Name					Middle Initial					Jr., II, etc.				
Employment Continued -																			
Month/Year		Month/Year		Employer Name										Position Title					
2)		To																	
Employer Street Address										City					State			Zip Code	
Supervisor's Name					Telephone number					Other Employer Reference					Telephone Number				
					()										()				
Reason you left																			

Month/Year		Month/Year		Employer Name										Position Title					
3)		To																	
Employer Street Address										City					State			Zip Code	
Supervisor's Name					Telephone number					Other Employer Reference					Telephone Number				
					()										()				
Reason you left																			

Month/Year		Month/Year		Employer Name										Position Title					
4)		To																	
Employer Street Address										City					State			Zip Code	
Supervisor's Name					Telephone number					Other Employer Reference					Telephone Number				
					()										()				
Reason you left																			

Month/Year		Month/Year		Employer Name										Position Title					
5)		To																	
Employer Street Address										City					State			Zip Code	
Supervisor's Name					Telephone number					Other Employer Reference					Telephone Number				
					()										()				
Reason you left																			

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	
11. Personal References – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.				
1) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
2) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code
3) Name	Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ()	
Home or Work Address	City		State	Zip Code

Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.		
12. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.) If "YES", use item 20 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Have you been convicted by a military court-martial in the past 5 years? If "YES", use item 20 to provide the date , explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Are you now under charges for any violation of law? If "YES", use item 20 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? If "YES", use item 20 to provide the date , an explanation of the problem, reason for leaving, and the employer's name and address.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you ever been arrested for or charged with a crime involving a child? If "YES", use item 20 to provide the date , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	
17. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," use item 20 to provide the date , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.				
18. In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use Item 20 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.				
19. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use Item 20 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.				
20. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.				

Certification that my Answers are True		
My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.		
_____ Applicant's initials		_____ Date
I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a summary of criminal history report made available to the Lummi Nation and my rights to challenge the accuracy and completeness of any information contained in the report.		
_____ Applicant's Signature	_____ Printed Name	_____ Date

****PLEASE PRINT CLEARLY****

****FORMS NOT COMPLETED CORRECTLY WILL BE DELAYED****



CONSENT

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FULL NAME -- FIRST NAME-MIDDLE NAME-LAST NAME		FORMAT 00/00/19XX	SOCIAL SECURITY NUMBER
NAME	DATE OF BIRTH		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	OTHER NAMES USED - FULL NAME - FIRST NAME-MIDDLE NAME-LAST NAME		

CONSENT:

I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I further grant permission to DSHS and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery.

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- Chemical dependency service providers: _____
- Other DSHS contracted providers: _____
- Housing programs: _____
- School districts or colleges: _____
- Department of Corrections: _____
- Employment Security Department and its employment partners: _____
- Social Security Administration or other federal agency: _____
- See attached list
- Other: **PRE-EMPLOYMENT SCREEN**

I authorize and consent to sharing the following records and information (check all that apply):

- All my client records
- Records on attached list
- Only the following records
 - Family, social and employment history
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- A copy of this form is valid to give my permission to share records.

SIGNATURE	DATE	AGENCY CONTACT/WITNESS SIGNATURE	DATE
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)		TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE
If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (attach court order) <input type="checkbox"/> Personal representative <input type="checkbox"/> Other:			

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LUMMI INDIAN BUSINESS COUNCIL
Human Resources Department
Motor Vehicle Report Verification for Employment

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

A CLEAR COPY OF CURRENT WASHINGTON STATE DRIVERS LICENSE AND DRIVERS ABSTRACT FOR EMPLOYMENT PURPOSES FROM THE WASHINGTON STATE DEPARTMENT OF LICENSING MUST ACCOMPANY THIS FORM TO BE PROCESSED.

(Please print clearly)

_____ First Name	_____ Middle Name	_____ Last Name
_____ Social Security Number	_____ Date of Birth	_____ WA Driver's License #
_____ Signature	_____ Date	_____ Supervisor & Department

EMPLOYER ATTESTATION

1. Lummi Indian Business is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
2. The abstracts of driver records 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.
3. 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.
4. To obtain official drivers abstract for employment purposes please visit web site: <http://www.dol.wa.gov/driverslicense/requestyourrecord.html> Fee associated with abstract is not refundable from LIBC Human Resources.

Revised: August 2011

