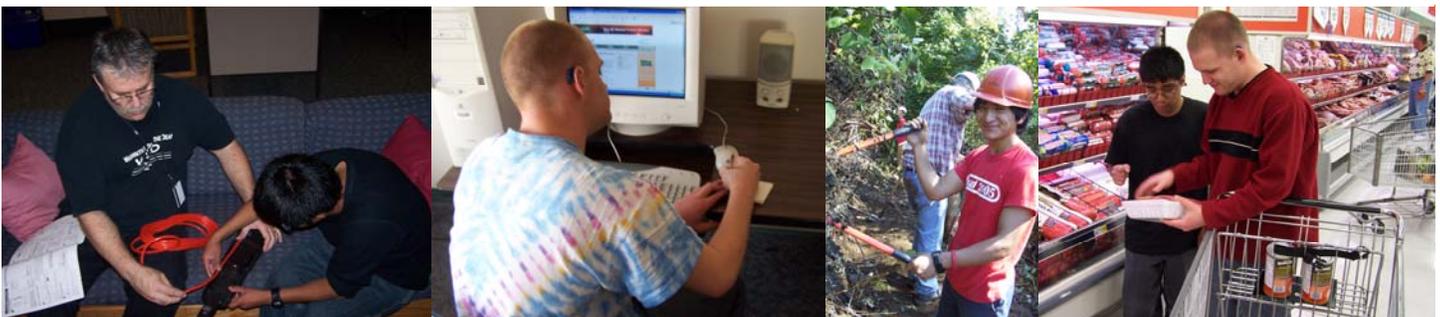




# Washington School for the Deaf

## Post High School Application Packet

Post High School Program  
Washington School for the Deaf  
611 Grand Blvd / Vancouver, WA 98661  
(360) 696-6525 (V/TTY) / (800) 613-4228 / [www.wsd.wa.gov](http://www.wsd.wa.gov)



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# PARTICIPANT INFORMATION

<b>STUDENT INFORMATION</b>	<b>PLEASE CIRCLE ONE THAT APPLIES:</b>				
	<i>Are you:</i>	ASL User	Hard of Hearing	Oral with sign	Oral without sign
	STUDENT'S NAME	LAST	FIRST	MIDDLE	
	ADDRESS	STREET	CITY	STATE/ZIP	
	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL/PAGER ADDRESS		
	BIRTHDATE	AGE	GENDER	COUNTY OF RESIDENCE	
EMERGENCY CONTACT	NAME	RELATIONSHIP	PHONE NUMBER		

<b>BACKGROUND INFORMATION</b>	<b>PLEASE PLACE AN 'X' NEXT TO THE AREAS YOU NEED HELP WITH:</b>				
	<input type="checkbox"/>	Balancing a checkbook/Budgeting Money	<input type="checkbox"/>	Using public transportation	
	<input type="checkbox"/>	Paying bills (rent, heat, water, garbage)	<input type="checkbox"/>	Buying a car	
	<input type="checkbox"/>	Looking for a job	<input type="checkbox"/>	Taxes	
	<input type="checkbox"/>	Applying for a job	<input type="checkbox"/>	Organizational skills	
	<input type="checkbox"/>	Grocery shopping	<input type="checkbox"/>	Social Skills	
	<input type="checkbox"/>	Cooking/preparing meals	<input type="checkbox"/>	Self Advocacy	
		Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		If no, do you have a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Are you certified in CPR/First Aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Do you have a food handler's card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>PLEASE CHECK PROGRAM (S) YOU MAY BE INTERESTED IN: (check all that apply)</b>					
_____	Community College	_____	Vocational/ Technical	_____	Work Experience

# QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS

**1. Why do you want to join the Post High School Program?**

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**2. What are two goals you have for your future?**

(A)

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(B)

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# EMPLOYMENT HISTORY

EMPLOYMENT HISTORY	1. PRESENT OR LAST EMPLOYER		EMPLOYER'S ADDRESS
	EMPLOYER'S PHONE NUMBER	YOUR TITLE	MONTHS & YEARS EMPLOYED IN THIS POSITION FROM ____ / ____ TO ____ / ____
	TOTAL MONTHS EMPLOYED	AVERAGE HOURS/WEEK	IMMEDIATE SUPERVISOR'S NAME
	REASON FOR LEAVING		VOLUNTEER POSITION (YES/NO)
	SPECIFIC DUTIES: _____ _____ _____ _____		
	2. PREVIOUS EMPLOYER		EMPLOYER'S ADDRESS
	EMPLOYER'S PHONE NUMBER	YOUR TITLE	MONTHS & YEARS EMPLOYED IN THIS POSITION FROM ____ / ____ TO ____ / ____
	TOTAL MONTHS EMPLOYED	AVERAGE HOURS/WEEK	IMMEDIATE SUPERVISOR'S NAME
	REASON FOR LEAVING		VOLUNTEER POSITION (YES/NO)
	SPECIFIC DUTIES: _____ _____ _____ _____		
<p><b>PLEASE LIST THE TYPES OF JOBS YOU ARE INTERESTED IN:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>			

# REFERENCES

List three references that are not relatives or close friends. Teachers, employers, supervisors and/or group leaders are preferred. Be sure to inform your references they may be receiving a call.

REFERENCES	<b>REFERENCE ONE</b>			
	NAME	LAST	FIRST	RELATIONSHIP
	ADDRESS	STREET	CITY	STATE/ZIP
	HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR PHONE NUMBER	
	EMAIL/PAGER ADDRESS			
	<b>REFERENCE TWO</b>			
	NAME	LAST	FIRST	RELATIONSHIP
	ADDRESS	STREET	CITY	STATE/ZIP
HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR PHONE NUMBER		
EMAIL/PAGER ADDRESS				
<b>REFERENCE THREE</b>				
NAME	LAST	FIRST	RELATIONSHIP	
ADDRESS	STREET	CITY	STATE/ZIP	
HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR PHONE NUMBER		
EMAIL/PAGER ADDRESS				

# VEHICLE REGISTRATION FORM

(PRIMARY VEHICLE)		
<i>NAME AS IT APPEARS ON YOUR LICENSE</i>		
LAST	FIRST	MIDDLE
MAKE	MODEL	COLOR
YEAR		
LICENSE PLATE #	INSURANCE COMPANY	AGENT NAME/PHONE NUMBER
(ALTERNATE VEHICLE #1)		
MAKE	MODEL	COLOR
YEAR		
LICENSE PLATE #	INSURANCE COMPANY	AGENT NAME/PHONE NUMBER
(ALTERNATE VEHICLE #2)		
MAKE	MODEL	COLOR
YEAR		
LICENSE PLATE #	INSURANCE COMPANY	AGENT NAME/PHONE NUMBER

**Attach a copy of the following for our records**

Automobile Insurance Card  
Driver's License

*(OFFICE USE ONLY)*

Primary Vehicle Identification Tag # \_\_\_\_\_

Alternate Vehicle #1 Identification Tag # \_\_\_\_\_

Alternate Vehicle #2 Identification Tag # \_\_\_\_\_

# DISCLOSURE STATEMENT

*This disclosure statement shall be completed and signed prior to acceptance into the Post High School Program at the Washington School for the Deaf.*

<b>1. Have you ever been charged/adjudicated for violent offenses?</b> If yes, what for? _____ when? _____ By which police department _____	_____ YES	_____ NO
<b>2. Have you been charged/arrested/adjudicated for any sexual offenses?</b> If yes, what for? _____ when? _____	_____ YES	_____ NO
<b>3. Are you a registered sex offender?</b> If yes, what state? _____ what county? _____	_____ YES	_____ NO
<b>4. Have you ever been suspended from school?</b> If yes, why? _____ when? _____ Where? (school name) _____	_____ YES	_____ NO
<b>5. Have you ever been expelled from school?</b> If yes, why? _____ when? _____ Where? (school name) _____	_____ YES	_____ NO
<b>6. Have you in the past or are you currently receiving Mental Health services?</b> If yes, what for? _____ Name of agency/clinic _____	_____ YES	_____ NO
<b>7. Have you ever tried to harm yourself?</b> If yes, when? _____ What was the outcome? _____	_____ YES	_____ NO
<b>8. Do you have a history of drugs or alcohol abuse?</b> If yes, what kind? _____ How often? _____	_____ YES	_____ NO
<b>9. Have you ever been involved with Child Protective Services (CPS)?</b> If yes, explain _____	_____ YES	_____ NO
<b>10. Do you have any ongoing needs related to severe emotional, behavioral or mental disorder?</b> If yes, explain _____	_____ YES	_____ NO
<b>11. Do you have a psychiatric diagnosis by a psychiatrist or a provisional/suspected diagnosis by a mental health therapist?</b> If yes, explain _____	_____ YES	_____ NO
<b>12. Do you need any special accommodations?</b> If yes, explain _____	_____ YES	_____ NO

I authorize the Washington School for the Deaf to conduct a background check on me. I certify under penalty of perjury, under the laws of the State of Washington that the above information is true and correct.

\_\_\_\_\_/\_\_\_\_\_  
 Date of Birth                      Social Security Number

\_\_\_\_\_  
 Maiden Name of other aliases used

\_\_\_\_\_  
 Print Full Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Place signed (city/state)

# ITEMS TO BRING

<b>WARDROBE</b>	<ul style="list-style-type: none"> <li>* Work clothes, regular clothes</li> <li>* Professional clothes             <ul style="list-style-type: none"> <li>Males - slacks, button down shirts, ties, nice shoes</li> <li>Females - dress, pantsuit, nice shoes</li> </ul> </li> <li>* Tennis shoes, shoes for work</li> <li>* Coat, Rain Coat, Umbrella</li> <li>* Swimsuit</li> <li>* Pajamas/robe</li> </ul>
<b>PERSONAL SUPPLIES</b>	<ul style="list-style-type: none"> <li>* Alarm clock</li> <li>* Toothbrush, toothpaste, and other dental needs</li> <li>Shampoo</li> <li>Deodorant</li> <li>* Feminine hygiene items</li> <li>* Comb/brush</li> <li>* Hand/body soap</li> <li>* Laundry soap/dryer sheets</li> <li>* Laundry basket</li> </ul>
<b>PERSONAL SUPPLIES</b>	<ul style="list-style-type: none"> <li>* One ream of 500 count white paper</li> <li>* Pack of 10 pens (Black), pack of #2 pencils</li> <li>* (1) 3-ring binder, (2) spiral notebooks</li> <li>* Pack of #2 pencils</li> <li>* Calculator</li> <li>* Notebook paper (college ruled),</li> <li>* Envelopes (Letter - size#10)</li> </ul>