CONSUMER DIRECT
CARE NETWORK
WASHINGTON

How to Apply as an Individual Provider
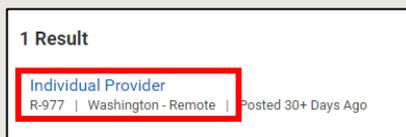
1. Go to the website: ConsumerDirectWA.com
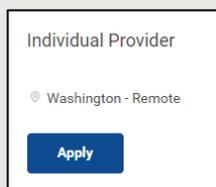   Click on Careers from the top menu.

   ARE WEB PORTAL ⌄   CAREERS ⌄   RESOUR

   Careers

2. Scroll down and click the blue Individual Provider Careers box.

   INDIVIDUAL PROVIDER CAREERS (WASHINGTON STATE)

3. Click on the Individual Provider job posting.

   1 Result

   Individual Provider
   R-977 | Washington - Remote | Posted 30+ Days Ago

4. Click Apply.
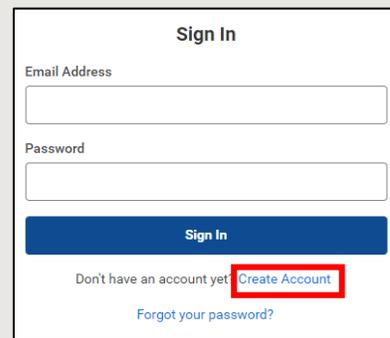
   Individual Provider

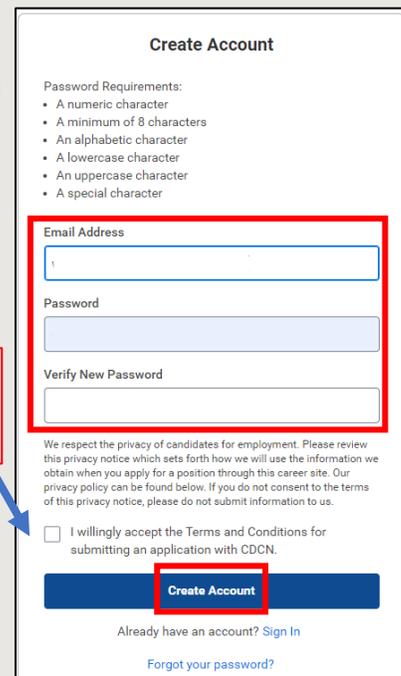   ⊙ Washington - Remote

   Apply

5. You will need to choose to apply by either uploading a resume, applying manually, or using a previous application if you've applied for a position with us before.

   Start Your Application   ✕
   Individual Provider

   Autofill with Resume

   Apply Manually

   Use My Last Application

6. Create new Account.

   Sign In

   Email Address

   Password

   Sign In

   Don't have an account yet? Create Account

   Forgot your password?
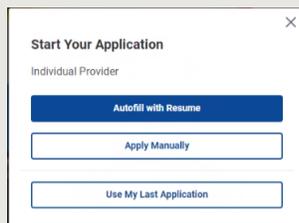
7. Enter your email address and create a password. Click Create Account.

   Create Account

   Password Requirements:
   • A numeric character
   • A minimum of 8 characters
   • An alphabetic character
   • A lowercase character
   • An uppercase character
   • A special character

   Email Address

   Password

   Verify New Password

   We respect the privacy of candidates for employment. Please review this privacy notice which sets forth how we will use the information we obtain when you apply for a position through this career site. Our privacy policy can be found below. If you do not consent to the terms of this privacy notice, please do not submit information to us.

   Don't forget to check this box!

   ☐ I willingly accept the Terms and Conditions for submitting an application with CDCN.

   Create Account

   Already have an account? Sign In

   Forgot your password?

CONTINUED ON THE NEXT PAGE

8. Fill in your personal information. Click Save and Continue when done.

Note: any fields with a red asterisk (*****) are required.

My Information

* Indicates a required field

How Did You Hear About Us? *

| select one ▼ |

Have you previously worked for Consumer Direct? *

○ Yes

○ No

Country *

| United States of America ▼ |

Legal Name

First Name *

| |

9. Answer the application questions. Click Save and Continue when done.

Application Questions

* Indicates a required field

An answer of NO to any of the FIRST FOUR QUESTIONS may result in disqualification for employment.

Are you at least 18 years of age? *

| Yes ▼ |

Are you legally authorized to work in the United States without sponsorship? *

| Yes ▼ |

Do you consent to a Name, Date of Birth and Fingerprint check? If you consent, you will be required to provide your date of birth and Social Security number later in the application. *

| Yes ▼ |

I understand that CDCN may share my information with SEIU 775, SEIU 775 Benefits Group or an official recognized bargaining agent. *

| Yes ▼ |

What is your preferred communication language? *

| English ▼ |

Have you previously been an Individual Provider? *

| No ▼ |

| Back | Save and Continue |

10. Complete the voluntary disclosure questions. Click Save and Continue when done.

Please select your gender. *

| select one ▼ |

Please select the ethnicity which most accurately describes

☐ American Indian or Alaska Native (United States of America)

☐ Asian (United States of America)

☐ Black or African American (United States of America)

☐ I do not wish to answer. (United States of America)

☐ Native Hawaiian or Other Pacific Islander (United States of America)

☐ Two or More Races (United States of America)

☐ White (United States of America)
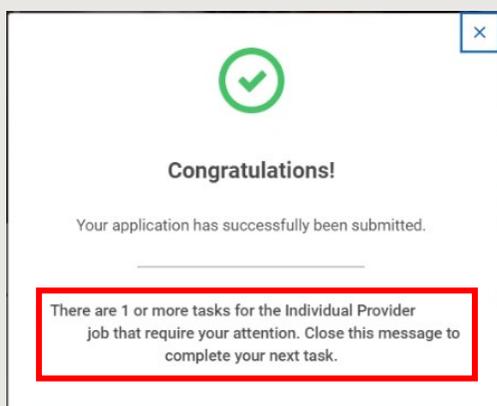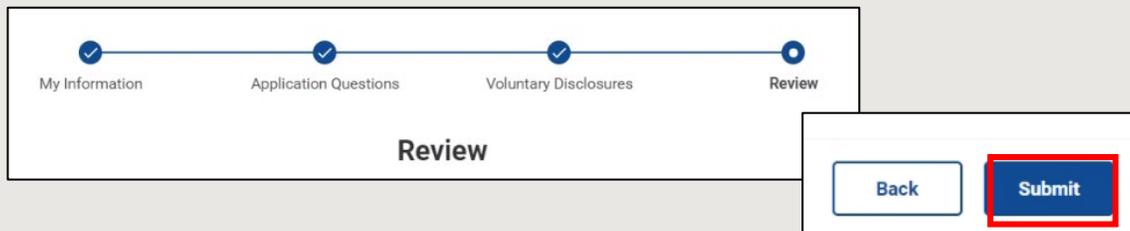
Please indicate if you identify as Hispanic or Latino. *

| select one ▼ |

Please indicate your veteran status. *

| select one ▼ |

| Back | Save and Continue |

CONTINUED ON THE NEXT PAGE

11. Review your information. If you see an error, use the **Back** button to go back and fix it.
When everything is correct, click **Submit**.

You will see this Congratulations pop up message, **but you are not finished!**

Close this message to complete the last steps in the application process.

12. On this screen you are confirming whether you already have a Client to work with.
- If you select **Yes**, you will have an opportunity to provide the Client's information.
- If you do not already have a Client, select **No**.

13. Next you will need to confirm your National ID. From the dropdown menus, choose your country of citizenship and select your National ID type. Click OK to continue.

By clicking on 'Ok' I understand and agree to have the Social Security number I provide ran against the Social Security Death Master File to comply with program background check requirements.

An expiration date is only required for a Taxpayer Identification Number. No expiration date is required for a Social Security Number.

National ID

Country *
select one ▼

National ID Type *
select one ▼

Identification Number *

Issued Date
MM/DD/YYYY 📅

OK   Cancel

National ID

Country *
Russian Federation ▼

National ID Type *
select one ▼

select one
Taxpayer Identification Number (INN)
RPF (Pension Fund) Registration Number
Internal Passport Number
Labor Book Number
Insert for Labor Book Number

National ID

Country *
Mexico ▼

National ID Type *
select one ▼

select one
Social Security (IMSS) Number
Taxpayer (RFC) Number
Personal ID Code (CURP)
Residence Card (RC)

14. Provide your date of birth so CDWA can process your required background check.

Update Personal Information

In the job application you agreed to provide a date of birth to comply with program background check requirements.

Your date of birth is required for the background check process through the Background Check Central Unit (BCCU).
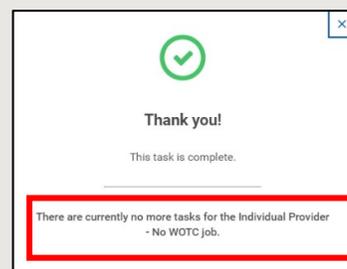
Date of Birth *
MM/DD/YYYY 📅

15. Open a new browser tab, visit the website: fortress.wa.gov/dshs/bcs/ to begin the background check process through the DSHS Background Check Central Unit (BCCU).
- Follow the instructions on the DSHS BCCU website.
- Use the email address InfoCDWA@ConsumerDirectCare.com in the authorization form.
- **Copy or write down the 10-character BCCU confirmation number you receive upon completion.**
- Return to your application page and enter the 10-character BCCU number into the box.

> In the job application you agreed to a Name, Date of Birth, and Fingerprint background check to comply with program requirements.
> NOTE: Skip steps 1 and 2 if you have already received a 10-character confirmation number from the BCCU within the last 90 days.
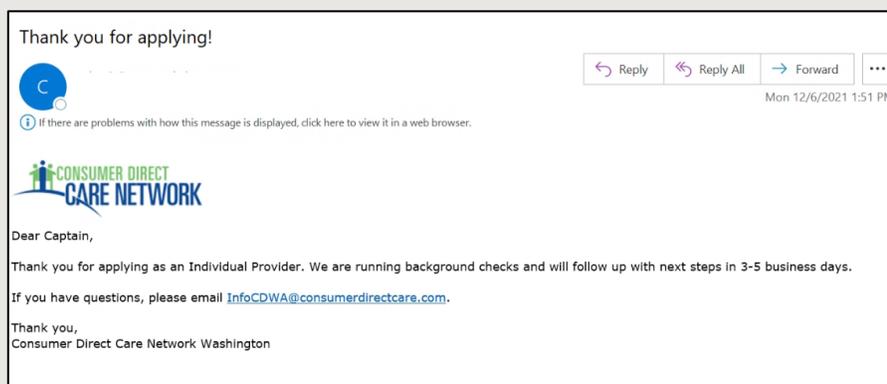>
> **1. Start the background check process through the DSHS Background Check Central Unit (BCCU) by following the instructions here: fortress.wa.gov/dshs/bcs/**
> **2. Add our email address InfoCDWA@ConsumerDirectCare.com to your online authorization form.**
> **3. Once you receive the 10-character confirmation number, enter the code below.**
>
> Enter your 10-character confirmation number from the BCCU: *

16. When you are finished, you will receive a Thank you notification letting you know there are no more tasks to complete.

> ✓
> **Thank you!**
> This task is complete.
>
> There are currently no more tasks for the Individual Provider - No WOTC job.

17. Check your email for a message from CDWA thanking you for applying.

> **Thank you for applying!**
>
> C   ↩ Reply   ↩ Reply All   → Forward   ···
> Mon 12/6/2021 1:51 PM
> ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.
>
>
> Dear Captain,
>
> Thank you for applying as an Individual Provider. We are running background checks and will follow up with next steps in 3-5 business days.
>
> If you have questions, please email InfoCDWA@consumerdirectcare.com.
>
> Thank you,
> Consumer Direct Care Network Washington

18. Look for an email from CDWA that includes instructions for a Fingerprint-Based Background Check.

Print the forms attached to the email and fill them out. You will need to call the phone number provided to schedule a fingerprint appointment. If there are any questions about this process, you can contact CDWA using the information in the email.

19. You will receive another email from CDWA once your background check is complete telling you that your account has been created in the CDWA DirectMyCare web portal using your email address. Use the link in the email to reset your password. For more detailed instructions, visit the CDWA IP Resources page.
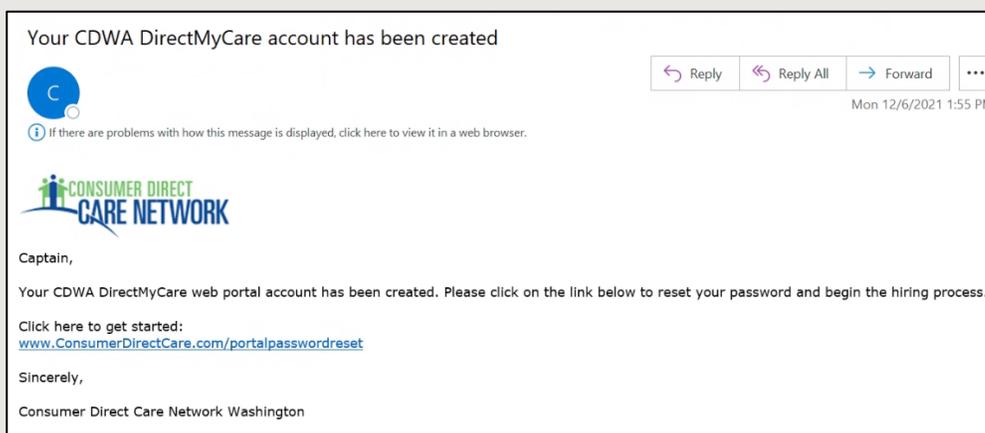
If you'd like to view your application, go to the Candidate Home Page. Use the Manage dropdown menu to select View My Submitted Application.
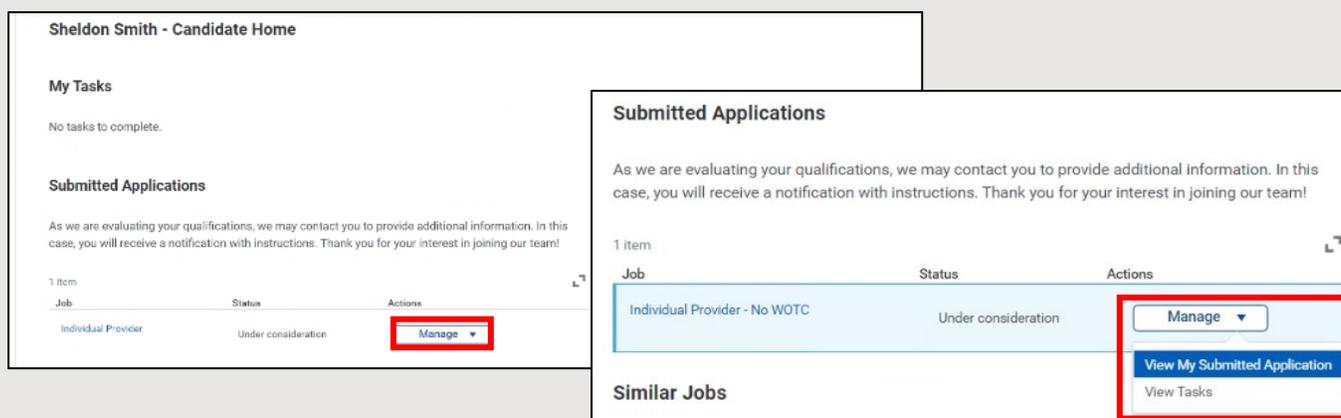
**If you did not complete your application and need to return, log in using your email and password. You will see a list of tasks above your application status. Please click on each one and complete the missing information.