



UNIVERSITY OF WASHINGTON
CONVICTION/CRIMINAL HISTORY INFORMATION

TYPE OR PRINT
 IN BLACK INK

This form must be completed to be considered for employment

When considering individuals for University employment, both paid and volunteer, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of University employees, students, patients, the public and University property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW 43.43.830-.842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by the law. **A conviction/criminal history record does not necessarily disqualify an individual for employment.** Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies; initial and/or continued employment may be subject to a satisfactory Criminal Conviction Report. Questions about the use of conviction/criminal history information in the application process may be referred to the University office issuing this form, or to Recruiting and Employment Services (206-543-2544), or University Temporary Services (206-543-2544).

Applicant Name (Last) _____ (First) _____ (M.I.) _____		Social Security Number *(optional) _____	*The University has requested your Social Security number because it serves as a unique identifier. The University will use the number for internal reporting purposes. Disclosure of your number is voluntary, and no statute or rule specifically directs the University to request the number. If you decline to provide the number, the University shall not for that reason deny any right, benefit, or privilege provided by law.
Maiden Name/Aliases _____		Date of Birth _____ / _____ / _____	
Phone Number _____	Email Address _____		

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

Yes No If Yes, check all that apply and describe in the box below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Arson (1st degree) | <input type="checkbox"/> Custodial Interference (1st/2nd Degree) | <input type="checkbox"/> Promoting Prostitution (1st Degree) |
| <input type="checkbox"/> Assault, Custodial | <input type="checkbox"/> Extortion (1st/2nd/3rd* Degree) | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Assault, Simple (or 4th Degree Assault) | <input type="checkbox"/> Forgery* | <input type="checkbox"/> Robbery (1st/2nd Degree) |
| <input type="checkbox"/> Assault (1st/2nd/3rd Degree) | <input type="checkbox"/> Incest | <input type="checkbox"/> Rape (1st/2nd/3rd Degree) |
| <input type="checkbox"/> Assault of a Child (1st/2nd/3rd Degree) | <input type="checkbox"/> Indecent Exposure - Felony | <input type="checkbox"/> Rape of a Child (1st/2nd/3rd Degree) |
| <input type="checkbox"/> Burglary (1st Degree) | <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Kidnapping (1st/2nd Degree) | <input type="checkbox"/> Sexual Exploitation of a Minor |
| <input type="checkbox"/> Child Abuse or Neglect (RCW 26.44.020) | <input type="checkbox"/> Malicious Harassment | <input type="checkbox"/> Sexual Misconduct with a Minor (1st/2nd Degree) |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Manslaughter (1st/2nd Degree) | <input type="checkbox"/> Theft (1st/2nd/3rd* Degree) |
| <input type="checkbox"/> Child Molestation (1st,2nd,3rd Degree) | <input type="checkbox"/> Murder, Aggravated | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Communication with a Minor | <input type="checkbox"/> Murder (1st/2nd Degree) | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> Criminal Abandonment | <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> Criminal Mistreatment (1st/2nd Degree) | <input type="checkbox"/> Promoting Pornography | |

* SEE PART 5 BELOW.

2. DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?

Yes No

3. RELATED PROCEEDINGS

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?

Yes No

4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?

Yes No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?

Yes No

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?

Yes No

5. For all items checked in 1, 2, 3 and 4 above, specify the conviction or action date(s), sentence(s) or penalty(ies), imposed, prison release date(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

6. GENERAL CONVICTION INFORMATION:

Aside from those crimes listed above, within the past 10 years have you ever been convicted of or released from prison for any crimes, excluding parking tickets/traffic citations?

Yes No If Yes, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment if you do not complete and sign this form.

SIGNATURE

I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize the University of Washington to make inquiries regarding my education, work experience, references, unless otherwise stated, and criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the University's receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law-enforcement related agency.

Signature _____

Date _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Agency: Harborview Medical Center Department of Public Safety
Background Investigator
Attn:
325 9th Avenue, Box 359900
Address:
Seattle, WA 98104
City/State/Zip:

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature: _____ Date: _____
Detective Sergeant (206) 731-5932
Title Area Code/Phone Number

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle
Alias/Maiden Name(s): _____
Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year
Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency: Harborview Medical Center Department of Public Safety

Applicant's Signature: _____

Applicant's Name: _____

Address: _____

City/State/Zip: _____

3000-240-430 (09/01)

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

MAIL COMPLETED FORM TO:

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA, WA 98504-2633

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT PHONE NUMBER: (360) 705-5100

EMAIL ADDRESS: crimhis@wsp.wa.gov

Washington State Patrol WEBSITE: <http://www.wa.gov/wsp/>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES:

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington state businesses, organizations or individuals. All other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. Searches can be conducted only on prospective employees, volunteers or adoptive parents.

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW10.97

2. Applicants must be notified an inquiry may be made.

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, applying for a position as an employee or volunteer that an inquiry may be made.

3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime against children or other persons;
- (b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- (c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- (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;
- (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;
- (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;
- (g) found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

The disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury. The disclosure sheet shall specify all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

4. Applicants must be notified of the response.

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

WASHINGTON STATE PATROL RESPONSE

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.