

CRIMINAL CONVICTION AND CIVIL FINDING HISTORY SELF-DISCLOSURE QUESTIONNAIRE

This questionnaire is ONLY used for those positions/appointments that are subject to a criminal conviction background check, and are not being filled through UWHIRES. PLEASE TYPE OR PRINT RESPONSES.

The University conducts a criminal conviction background check for positions that the University has identified as security/safety sensitive, including those covered by the Washington State Child and Adult Abuse Law (CAAL). Having a criminal conviction and/or civil finding record does not necessarily disqualify an individual for employment at the University. However individuals with certain types of convictions or civil findings may be ineligible for employment in some positions, as required by law. You are being asked to complete this form because you have been identified as a qualified candidate for a position as an employee or volunteer. The information you provide will be used as part of the criminal conviction background/civil finding review process. If you have questions about the use of conviction/criminal history information in the application process please discuss them either with the office using this form or University of Washington Campus HR Operations 206-543-2544.

Full Legal Name Last Name, First Name Middle Name	Phone – Include area code	Email
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Position or type of work for which you are applying	Date of Birth (mm/dd/yyyy)
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Do you have an adult and/or juvenile criminal conviction record?
 NO YES

If you answered **YES**, for each conviction, provide the following details:

The offense(s)	Name/location of the court(s)	Date(s) of the conviction(s)	The sentence(s) imposed

In a civil proceeding, have you ever been found responsible for domestic violence, abuse, sexual abuse, neglect, and/or exploitation of a child or a vulnerable adult? (Civil proceedings include noncriminal judicial or administrative hearings and determinations that have been made by agencies such as the Department of Social and Health Services or the Department of Health). If you answer YES, you will be asked to provide details in the next question.
 NO YES

If you answered **YES**, for each finding, provide the following details:

Nature of finding(s)	Agency/court making the finding(s)	Date(s) finding(s) made	Penalties/restrictions imposed

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?
 NO YES

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?
 NO YES

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federally-funded healthcare program?
 NO YES

Have you even been subject to FDA debarment?
 NO YES

If you answered **YES** to any of the above four questions, for each conviction, finding, or debarment, provide the following details:

Nature of finding(s)/conviction(s)/debarment	Agency/court taking action	Date(s) finding(s) made	Penalties/restrictions imposed

I certify that the information contained in my resume and all other application-related materials I provide is true, correct, and complete. I understand that my eligibility for employment or appointment as a volunteer is conditioned on, among other things, the University's receipt of a satisfactory criminal conviction report and my providing proof of eligibility to work in the United States. I further understand that I can be denied employment or discharged for any misrepresentation or omission in the information I provide. I also authorize the University of Washington to make inquiries regarding my education, work experience, references (unless otherwise stated), and criminal conviction/civil finding history.

Signature _____ Date _____