



Final candidate name:	
Last 4 digits of SSN:	
Job title:	

Sexual Misconduct Declaration

Washington state law and University of Washington policy prohibits UW from hiring or appointing candidates who do not complete and sign a sexual misconduct declaration.

1. Are you the subject of any substantiated findings of sexual misconduct in any current or past employment?

[RCW 28B.112](#) “Sexual misconduct, includes, but is not limited to, unwelcome sexual contact, unwelcome sexual advances, requests for sexual favors, other unwelcome verbal, nonverbal, electronic, or physical conduct of a sexual nature, sexual harassment, and any misconduct of a sexual nature that is in violation of the postsecondary educational institution’s policies or has been determined to constitute sex discrimination pursuant to state or federal law.”

Policies addressing sexual misconduct include, but are not limited to, anti-harassment and discrimination policies and Title IX. At UW, these include Executive Orders [31](#), [51](#), and [70](#).

- Yes
- No

2. Are you currently being investigated for sexual misconduct at any current or past employer?

- Yes
- No

3. Have you left a position during an investigation into a violation of any sexual misconduct policy at any current or past employers?

- Yes
- No

If you responded “yes” to any of the questions 1-3 above, please explain the circumstances of the finding(s) and/or investigation(s).

Certification and Authorization to Release Information Regarding Sexual Misconduct

I, _____, hereby certify that the information above is true, complete, and accurate to the best of my knowledge. I understand that failure to provide complete and accurate information in response to the above questions will result in disqualification from employment or appointment at the University of Washington (UW) and withdrawal of any offer of employment.

By my signature, I authorize any and all current and past postsecondary educational institution employers to disclose to the UW information, if any, regarding sexual misconduct committed by me, and to make available copies of all documents and information in the current or past postsecondary employer's personnel, investigative, or other files relating to any sexual misconduct, including sexual harassment, by me. I agree to execute any additional forms required by my current or past postsecondary educational institution employer(s) to release such information to the UW, and by my signature, I hereby release all current and past postsecondary educational institution employers from any and all claims and liability arising from the disclosure of the information described in this paragraph.

I further authorize the UW to contact my current or past postsecondary educational institution employer(s) to verify the information that I have provided.

Signature

Date

Current and Past Postsecondary Educational Institution Employers

List pertinent information for *all* current and past postsecondary educational institution employers, both public and private. Attach additional pages if needed.

Employer 1

Employer name:	
City/state where work was completed:	
Full name when last employed:	
Dates of employment:	
Position held:	
Department:	

Explanation, if any:

Employer 2

Full name when last employed:	
City/state where work was completed:	
Dates of employment:	
Position held:	
Department:	

Explanation, if any:

Employer 3

Full name when last employed:	
City/state where work was completed:	
Dates of employment:	
Position held:	
Department:	

Explanation, if any:

Employer 4

Full name when last employed:	
City/state where work was completed:	
Dates of employment:	
Position held:	
Department:	

Explanation, if any:



For internal use only.

Sexual Misconduct Declaration Follow Up

To be completed by the unit administrator.

- Responses received; no affirmative findings
- No current or past postsecondary educational institution employers in Washington state listed
- Listed employer(s) did not respond to information request(s). Employers were provided the minimum five business days to respond.

I, , hereby certify that the information above is true, complete, and accurate to the best of my knowledge.

Unit Administrator Signature

Date