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| Pursuant to the requirements of RCW 43.43.830.840, we must ask you to complete the following disclosure statement. This information will be kept confidential in accordance with state law. | | |
| **Applicant Information** | | |
| Position applied for: | | Date: |
| Name:  *Last* | *First* | *M.I.* |
| **Criminal History Disclosure** | | |

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| Have you ever been convicted of any of the following crimes against children or other persons or crimes related to drugs:  **Yes No Yes No** | | | | | |
|  |  | Aggravated Murder |  |  | First or Second degree criminal mistreatment |
|  |  | First or Second degree murder |  |  | Child abuse or neglect as defined in RCW 26.33.020 |
|  |  | First, or Second degree kidnapping |  |  | First or Second degree custodial interference |
|  |  | First, or Second, or Third degree assault |  |  | First or Second degree custodial sexual misconduct |
|  |  | First, or Second, or Third degree assault of a child |  |  | Malicious Harassment |
|  |  | First, Second, or Third degree rape |  |  | First, Second degree sexual misconduct with a minor |
|  |  | First, Second, or Third degree rape of a child |  |  | Patronizing a juvenile prostitute |
|  |  | First or Second degree robbery |  |  | Child abandonment |
|  |  | First degree arson |  |  | Promoting pornography |
|  |  | First degree burglary |  |  | Selling or distributing erotic material to a minor |
|  |  | First or Second degree manslaughter |  |  | Custodial assault |
|  |  | First or Second degree extortion |  |  | Violation of child abuse restraining order |
|  |  | Identity Theft |  |  | Child buying or selling |
|  |  | Indecent liberties |  |  | Prostitution |
|  |  | Incest |  |  | Felony indecent exposure |
|  |  | Vehicular homicide |  |  | Criminal abandonment |
|  |  | First degree promoting prostitution |  |  | Manufacturing a controlled substance |
|  |  | Communication with a minor |  |  | Delivery of a controlled substance |
|  |  | Unlawful imprisonment |  |  | Possession of a controlled substance |
|  |  | Simple assault |  |  | Or any of these crimes as they may have been renamed |
|  |  | Sexual exploitation of minors |  |  |  |
| If your answer is “yes” to anything in question 1, please describe and provide the date(s) of the conviction(s), the sentence(s) imposed, and whether minors, developmentally disabled or vulnerable adults were victims of these crimes: | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever been convicted of any of the following crimes relating to financial exploitation: of a person 60 years of age or older, who have a functional, mental, or physical disability to care for him/her self, or is a patient in a state hospital:  **Yes No Yes No** | | | | | | | |
|  |  | First, Second or Third degree extortion |  |  | Child abuse or neglect as defined in RCW 26.44.020 | | |
|  |  | First or Second degree robbery |  |  | Or any of these crimes as they may have been renamed | | |
|  |  | First, Second or Third degree theft |  |  |  | | |
| If your answer is “yes” to anything in question 2, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed: | | | | | | | |
| 3. Have you ever been found in any dependency action to have sexually assaulted, exploited, or physically abused a minor or developmentally disabled person? | | | | | | | No  Yes |
| 4. Have you ever been found in any court or domestic relations proceeding, or domestic board final decision to have sexually assaulted, exploited, or physically abused a minor or developmentally disabled person? | | | | | | | No  Yes |
| 5. Have you ever been found in any court or disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for him or herself, or who is a patient in a state hospital? | | | | | | | No  Yes |
| 6. Have you ever been found in any court or protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for him or herself, or who is a patient in a state hospital? | | | | | | | No  Yes |
| If your answer is “yes” to any questions 3-6, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed: | | | | | | | |
| **Disclaimer and Signature** | | | | | | | |
| UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete.  I understand that if I am hired, I can be discharged for any misrepresentation of omission in the above statement. I also understand that if I am hired, my employment is conditioned upon receipt of a satisfactory criminal background investigation report. | | | | | | | |
| Signature: | | | | | | Date: | |