

# Criminal History Disclosure



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:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>

## Criminal History Disclosure

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	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree criminal mistreatment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.33.020
<input type="checkbox"/>	<input type="checkbox"/>	First, or Second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	First, or Second, or Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree custodial sexual misconduct
<input type="checkbox"/>	<input type="checkbox"/>	First, or Second, or Third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	First, Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	First degree arson	<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography
<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary	<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/>	Identity Theft	<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling
<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Incest	<input type="checkbox"/>	<input type="checkbox"/>	Felony indecent exposure
<input type="checkbox"/>	<input type="checkbox"/>	Vehicular homicide	<input type="checkbox"/>	<input type="checkbox"/>	Criminal abandonment
<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturing a controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor	<input type="checkbox"/>	<input type="checkbox"/>	Delivery of a controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	Possession of a controlled substance with the intent to manufacture or deliver
<input type="checkbox"/>	<input type="checkbox"/>	Simple assault	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed
<input type="checkbox"/>	<input type="checkbox"/>	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:

# Criminal History Disclosure



<p>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:</p>					
<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree theft			
<p>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:</p>					
<p>3. Have you ever been found in any dependency action to have sexually assaulted, exploited, or physically abused a minor or developmentally disabled person?</p>					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>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?</p>					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>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?</p>					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>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?</p>					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>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:</p>					
<b>Disclaimer and Signature</b>					
<p>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.</p>					
<p>Signature:</p> <p><i>Please <b>type</b> your full name above if submitting this form electronically</i></p>					<p>Date:</p>