

DISCLOSURE STATEMENT

Pursuant to the requirement of RCW 43.43.830-840, we must ask you to complete the following disclosure statement. This information will remain confidential.

Have you ever been convicted of any of the following crimes against children or other vulnerable persons:

YES	NO	OFFENSE	YES	NO	OFFENSE
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a minor	<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	First degree arson	<input type="checkbox"/>	<input type="checkbox"/>	Custodial assault
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	First degree burglary	<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties	<input type="checkbox"/>	<input type="checkbox"/>	First degree promoting prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree murder
<input type="checkbox"/>	<input type="checkbox"/>	Incest	<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"/>	Vehicular homicide	<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree assault of a child
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Felony indecent Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	Promoting pornography
<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"/>	Simple Assault	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of minors
<input type="checkbox"/>	<input type="checkbox"/>	Child abuse or neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed

If your answer is "YES" to any of the above, please describe and provide the date(s) of conviction(s) and the sentence(s) imposed. _____

Have you ever been convicted of any crime related to the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance? YES NO

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 has a functional, mental or physical inability to care for himself or who is a patient of a state hospital:

YES	NO	OFFENSE	YES	NO	OFFENSE
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third degree theft
<input type="checkbox"/>	<input type="checkbox"/>	First or Second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed			

If you answer is "YES" to any of the aforementioned, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed: _____

Have you ever been found in dependency action to have sexually assaulted or exploited any minor or to have physical abused a minor? YES NO

1. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused a minor? YES NO
2. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person? YES NO
3. Have to ever been found in any 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 himself or herself or who is a patient in a state hospital? YES NO
4. Have you ever been found by a court in a 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 himself or herself or who is a patient in a state hospital? YES NO

If you answer is "YES" to any of the aforementioned, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed: _____

Please list all states/locations in which you have resided in the past 5 years? _____

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 or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol (or similar state agency).

Signature: _____

Date: _____

Printed Name: _____

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudication's of child abuse and disciplinary board final decisions. If you are hired before that report is available, your employment will be conditioned upon the receipt of a satisfactory report.

You will be notified of the State Patrol's response within ten (10) days after we receive the report. We will make a copy of the report available to you upon your request. Revised 03/04/2019.