



REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ACT ABUSE INFORMATION ACT
RCW 43.43.831 THROUGH 43.83.845

Date Stamp Records Check

REQUESTING AGENCY INFORMATION
(to be completed by Human Resources):

City of Kirkland, Human Resources Department

Agency Name _____ Check performed by: _____

REQUESTING AGENCY INFORMATION (to be completed by requestor):

Name of requestor Supervisor (of applicant)

Title of position applicant is seeking Department

Type of application: Employment Volunteer Independent Contractor Other _____

APPLICANT INFORMATION: Please write clearly – all information is mandatory.

Applicant Last First Middle Name or Initial

Alias/Maiden Name(s)

_____/_____/_____
Date of Birth mo/day/year Sex _____

Address Apt # City State Zip

Applicant Signature **Date**

Pursuant to RCW 10.97 signing this release will allow a further check if deemed necessary by the information received from the **Washington State Patrol Criminal History Section**.

Additional background fingerprint-based checks will be run with **WACIC/NCIC** if deemed necessary to obtain the appropriate clearance for the position for which you are applying.

Note: A conviction record will not necessarily disqualify you for employment unless such a record would reasonably affect your fitness for the job for which you have applied.