



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):

Loni Potter
Name of requestor

Keisey Hayes
Supervisor (of applicant)

Youth Basketball Coach
Title of position applicant is seeking

Parks - PKCC
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 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.

DISCLOSURE STATEMENT

Pursuant to the requirements of RCW-43.43.830-840, we must ask you to complete the following disclosure statement. All questions must be answered to be considered for employment. This information will be kept confidential.

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

- | Yes | No | | Yes | No | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated Murder | <input type="checkbox"/> | <input type="checkbox"/> | Kidnapping First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Arson First degree | <input type="checkbox"/> | <input type="checkbox"/> | Malicious Harassment |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault First, Second or Third degree | <input type="checkbox"/> | <input type="checkbox"/> | Manslaughter First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault Fourth degree (Simple Assault) | <input type="checkbox"/> | <input type="checkbox"/> | Murder First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Assault on a Child, First, Second, or Third degree | <input type="checkbox"/> | <input type="checkbox"/> | Patronizing a Juvenile Prostitute |
| <input type="checkbox"/> | <input type="checkbox"/> | Burglary First degree | <input type="checkbox"/> | <input type="checkbox"/> | Promoting Pornography |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Abandonment | <input type="checkbox"/> | <input type="checkbox"/> | Promoting Prostitution First degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> | <input type="checkbox"/> | Prostitution |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Buying or Selling | <input type="checkbox"/> | <input type="checkbox"/> | Rape First, Second or Third degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Molestation First, Second or Third degree | <input type="checkbox"/> | <input type="checkbox"/> | Rape of a Child First, Second or Third degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication with a Minor | <input type="checkbox"/> | <input type="checkbox"/> | Robbery First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Crimes Related to Drugs as Defined in RCW 43.43.830 | <input type="checkbox"/> | <input type="checkbox"/> | Selling or Distributing Erotic Material to a Minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal Abandonment | <input type="checkbox"/> | <input type="checkbox"/> | Sexual Exploitation of Minors |
| <input type="checkbox"/> | <input type="checkbox"/> | Criminal Mistreatment First or Second degree | <input type="checkbox"/> | <input type="checkbox"/> | Sexual Misconduct with a Minor First or Second degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial Assault | <input type="checkbox"/> | <input type="checkbox"/> | Theft First, Second or Third degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial Interference First or Second degree | <input type="checkbox"/> | <input type="checkbox"/> | Unlawful Imprisonment |
| <input type="checkbox"/> | <input type="checkbox"/> | Extortion First, Second or Third degree | <input type="checkbox"/> | <input type="checkbox"/> | Vehicular Homicide (Negligent Homicide) |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony Indecent Exposure | <input type="checkbox"/> | <input type="checkbox"/> | Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> | <input type="checkbox"/> | Forgery | <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been renamed or that is equivalent in any state |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Indecent Liberties | | | |

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s), the sentence(s) imposed and the location of the court/jurisdiction (use back of page if necessary).

1. Have you ever been found in a:

- (a) Dependency action to have neglected or sexually assaulted/abused or exploited any minor or adult person or to have physically abused any minor? Yes No
- (b) Domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes No
- (c) Disciplinary board final decision to have neglected or sexually or physically abused or exploited any minor or adult person? Yes No
- (d) Court or state licensing board action to have neglected or sexually abused or exploited any minor or adult person? Yes No
- (e) Disciplinary board final decision to have abused or financially exploited any person 60 years 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
- (f) 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 who is a patient in a state hospital? Yes No

2. Has it been determined by any state agency or department that you have abused, neglected or exploited anyone? Yes No
3. Has a court issued any order of protection against you for abuse or exploitation? Yes No
4. Have you ever had a license to care for children or adults denied, revoked or suspended Yes No

If your answer is "yes" to any questions of 1 through 4 previous, please describe and provide the date(s) of the finding(s), the penalty(ies) imposed and the location of the court/jurisdiction (use back of page if necessary).

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 herself or who is a patient in a state hospital:

- | | | | |
|---|--------------------------|--|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First, Second or Third degree Extortion | | First, Second or Third degree Theft | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First or Second degree Robbery | | Forgery | |
| | | <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 the conviction(s), the sentence(s) imposed and the location of the court/jurisdiction (use back of page if necessary).

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 and other criminal history reporting agencies.

Signature: _____

Name (print): _____

Date: _____

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 adjudications 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 Background Check response within ten days after we receive the report if any employment decisions are the result of an unsatisfactory report. We will make a copy of the report available to you upon your request.