

APPLICANT NOTIFICATION & DISCLOSURE STATEMENT

PLEASE TYPE OR PRINT

Last N	ame	First Name	Middle Name	(include Jr., Sr., II, III etc.)
Notifice who prother age backgrand vectors identification of the consideration of the conside	cation & Disclos rovide service to e of sixteen (16) round check. Adolunteers in the leration of empeding that resultabuse, neglecters 13.34, 26.44, asidered for empeding that provides the erg 13.34, 26.44, asidered for empeding that resultabuse, neglecters 13.34, 26.44, asidered for empeding that resultabuse, neglecters 13.34, 26.44, asidered for empeding that the end of the the end	cure Statement. Pursual of developmentally disally, must successfully particular distinctionally, pursuant to be Washington Courts ployment. "Civil adjudits in a finding of, or up or exploitation or final or 74.34 RCW, or rules a ployment based on the	ant to Chapter 43.43 In the bled persons, vulnerables a Washington State RCW 43.43.832 an included adapted an agency finding adopted under Chapter results of the WSP crief bled to Chapter and the WSP crief bled to Chapter and the WSP crief bled to Chapter and Chapter an	complete the following Applican RCW, employees and volunteer ole adults and/or children under Patrol ("WSP") criminal historiquiry will be made for employeed djudications as a condition for is a judicial or administrative and of, domestic violence, abused child or vulnerable adult under 18.51 and 74.42 RCW. You may siminal history background check answer fully and accurately.
	(1) Running a W(2) Searching th(3) For licensed disciplinary actYou will be not	l personnel, checking the	convictions; database for civil adjude he Department of Hea onse within ten (10) da	dications as listed below; and alth credentials database for ays after the College receives
1)	Have you ever	been convicted of a cr	rime? [] Yes [] No
•	- •	the offense(s), provide ounty Superior Court) a	* *	nviction(s), the name of the posed.
2)	•	tation or financial explo	·	violence, abuse, sexual abuse, vulnerable adult in any civil
DSHS	<i>J</i>	ent of Health that you l	-	oceedings as well as findings by vely challenged or appealed.
•		the specific finding(s) and the penalty(s) im		rt made the finding(s), the

is true and correct. I un or omission in the above	derstand that e statement. I a of the backgro	under the laws of the State of Was if I am hired, I can be discharged also understand that if hired, my e ound checks listed above. I have wn below at	for any misrepresentation imployment is conditioned
	/	/	·
County	City	State	
3		sources Office at CBC that Washin ackground Checks will be conducte	C
Signed		her Names Known by, including M	aiden Name/Aliases
///	Today's Da	ate	
Current Phone Number Street Add		reet Address, Apt # (if applicable)	City State/Zip Code