



This form must be completed to be considered for employment

The Washington State Child and Adult Abuse Information Law (RCW 43.43.830-.842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by the law. **A conviction/criminal history record does not necessarily disqualify an individual for employment.** Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies; initial and/or continued employment may be subject to a satisfactory Criminal Conviction Report. Questions about the use of conviction/criminal history information in the application process may be referred to Human Resources at (509) 326-9540.

Applicant Name (Last) _____ (First) _____ (M.I.) _____

Maiden Name/Aliases _____

Position or type of work applied for: _____

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

Yes No If Yes, check all that apply and describe in the box below. * SEE PART 5 BELOW.

- | | | |
|--|--|--|
| <input type="checkbox"/> Arson (1st degree) | <input type="checkbox"/> Custodial Interference (1st/2nd Degree) | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Assault, Custodial | <input type="checkbox"/> Custodial Sexual Misconduct(1st/2nd Degree) | <input type="checkbox"/> Promoting Prostitution (1st Degree) |
| <input type="checkbox"/> Assault, Simple (or 4th Degree Assault) | <input type="checkbox"/> Endangerment with a Controlled Substance | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Assault (1st/2nd/3rd Degree) | <input type="checkbox"/> Extortion (1st/2nd/3rd* Degree) | <input type="checkbox"/> Robbery (1st/2nd Degree) |
| <input type="checkbox"/> Assault of a Child (1st/2nd/3rd Degree) | <input type="checkbox"/> Forgery* | <input type="checkbox"/> Rape (1st/2nd/3rd Degree) |
| <input type="checkbox"/> Burglary (1st Degree) | <input type="checkbox"/> Incest | <input type="checkbox"/> Rape of a Child (1st/2nd/3rd Degree) |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Indecent Exposure - Felony | <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor |
| <input type="checkbox"/> Child Abuse or Neglect (RCW 26.44.020) | <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Sexual Exploitation of a Minor |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Kidnapping (1st/2nd Degree) | <input type="checkbox"/> Sexual Misconduct with a Minor (1st/2nd Degree) |
| <input type="checkbox"/> Child Molestation (1st,2nd,3rd Degree) | <input type="checkbox"/> Malicious Harassment | <input type="checkbox"/> Theft (1st/2nd/3rd* Degree) |
| <input type="checkbox"/> Commercial Sexual Abuse of a Minor | <input type="checkbox"/> Manslaughter (1st/2nd Degree) | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Communication with a Minor | <input type="checkbox"/> Murder, Aggravated | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> Criminal Abandonment | <input type="checkbox"/> Murder (1st/2nd Degree) | <input type="checkbox"/> Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> Criminal Mistreatment (1st/2nd Degree) | <input type="checkbox"/> Patronizing a Juvenile Prostitute | |

2. DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture to deliver a controlled substance?

Yes No

3. RELATED PROCEEDINGS

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?

Yes No

4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program or convicted or any crime connected with the delivery of a healthcare item or service?

Yes No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?

Yes No

Have you ever been excluded from providing services under Medicare, Medicaid, or any other federal funded healthcare program?

Yes No

5. For all items checked in 1, 2, 3 and 4 above, specify the conviction or action date(s), sentence(s) or penalty(ies), imposed, prison release date(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

You will not be considered for employment if you do not complete and sign this form.

SIGNATURE

I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize the West Central Community Development Association to make inquiries regarding my education, work experience, references, unless otherwise stated, and criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the Center's receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law-enforcement related agency.

Signature _____ Date _____