UNIVERSITY OF WASHINGTON CONVICTION/CRIMINAL HISTORY INFORMATION

TYPE OR PRINT IN BLACK INK

This form must be completed to be considered for employment

When considering individuals for University employment, both paid and volunteer, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of University employees, students, patients, the public and University property. Additionally, 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 and 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 the University office issuing this form, or to Recruiting and Employment Services (206-543-2544), or University Temporary Services (206-543-2544).

Applicant Name (Last)	(First)	(M.I.)	Social Security Number *(option	nal) *The University has requested your Social Security number because it serves as a unique identifier. The University will use the number for internal reporting purposes. Disclosure
flaiden Name/Aliases		Date of Birth	of your number is voluntary, and no statute or rule specifically directs the University to request the number. If you decline to provide the number, the University shall not for that	
Position or type of work applied for:			/ /	reason deny any right, benefit, or privilege provided by law.
1. CRIMES AGAINST PERSONS AND Have you ever been convicted of any of th Yes No If Yes, check all that app Arson (1st degree) Assault, Custodial Assault, Simple (or 4th Degree Assault) Assault (1st/2nd/3rd Degree) Assault of a Child (1st/2nd/3rd Degree) Burglary (1st Degree) Child Abandonment Child Abuse or Neglect (RCW 26.44.02) Child Buying or Selling Child Molestation (1st,2nd,3rd Degree) Communication with a Minor Criminal Abandonment Criminal Mistreatment (1st/2nd Degree)	e crimes listed be oly and describe in Cust Cust Forg Inces Inde Kidn: Mans Murc Murc Patro	low? n the box below. odial Interferention (1st/2nd/3) ery*	ce (1st/2nd Degree) rd* Degree) Felony Degree) ent nd Degree) gree) gree) ile Prostitute	Promoting Prostitution (1st Degree) Prostitution Robbery (1st/2nd Degree) Rape (1st/2nd/3rd Degree) Rape of a Child (1st/2nd/3rd Degree) Selling/Distributing Erotic Material to a Minor Sexual Exploitation of a Minor Sexual Misconduct with a Minor (1st/2nd Degree) Theft (1st/2nd/3rd* Degree) Unlawful Imprisonment Vehicular Homicide Violation of Child Abuse Restraining Order
* SEE PART 5 BELOW. 2. DRUG-RELATED CRIMES			F-19	
	elated to the manu	ıfacture of, deliv	ery of, or possession with intent	t to manufacture or deliver a controlled substance?
3. RELATED PROCEEDINGS Have you ever been found in a depender assaulted or exploited, sexually or physica adult? Yes No	ncy action, domes ally abused, a min	tic relations pro or or developm	oceeding, disciplinary board he entally disabled person OR to	aring, or protection proceeding to have: sexually have financially exploited or abused a vulnerable
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 of 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 or supplies under Medicare, Medicaid or any other federal funded healthcare program? Yes No				
 For all items checked in 1, 2, 3 and date(s) and current standing (e.g., parthe victim's age. Attach additional pages 	role, work releas	the convictiose). For all iten	n or action date(s), sentenc ns with an asterisk (*) above	e(s) or penalty(ies), imposed, prison release e, provide a description of the victim including
tickets/traffic citations?	hin the past 10 ye	ears have you e	ver been convicted of or releas	sed from prison for any crimes, excluding parking
Yes No If Yes, indicate all convidates, prison release dated the nature of the offen	s) and			
ou will not be considered for employ	ment if you do	not complete	e and sign this form.	
SIGNATURE				

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 University of Washington 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 University's receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law-enforcement related agency.

Signature______ Date______