Pursuant to the requirements of RCW 43.43.834, Mid Valley Hospital must ask you to complete the following Applicant Disclosure Statement. The information will be kept confidential. Please answer fully and accurately.

Note: Mid Valley Hospital will confirm your answers to these questions by:
1. Running a Washington State Patrol check for criminal convictions;
2. Searching the Office of Inspector General database for participants excluded from participating in Federal health care programs; and,
3. For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

You will be notified of the State Patrol’s response within 10 days after we receive the report. We will make a copy of the report available to you upon your request.

1. Have you ever been convicted of a crime?
   
   ______ Yes ______ No

   If “yes”, please identify the offense(s), provide the date(s) of the conviction(s), the name of the court and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings, as well as findings by DSHS or the Department of Health, that you have not administratively challenged or appealed.
   
   ______ Yes ______ No

   If “yes”, please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

I declare, under the penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct, I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand if hired, my employment is conditioned on satisfactory results of the background checks listed above; I have signed this Disclosure Statement on the date shown below at _____________________________, Washington.

Date: _____________________________  Signature: _____________________________

Print Name: _____________________________