

## Washington School for the Deaf Background/Criminal History Information

This disclosure statement shall be completed and signed prior to employment/internship/volunteering at the Washington School for the Deaf. Please write YES or NO to each of the following items:

- \_\_\_\_\_ convicted of any crime against children or other persons;
- \_\_\_\_\_ convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- \_\_\_\_\_ convicted of crimes related to drugs as defined in RCW 43.43.830;
- \_\_\_\_\_ found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- \_\_\_\_\_ found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- \_\_\_\_\_ found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- \_\_\_\_\_ found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

This disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury. This disclosure shall specify all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

I authorize the Washington School for the Deaf to conduct a pre-employment background check on me. I certify under penalty of perjury, under the laws of the State of Washington that the above information is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Maiden Name or other aliases used

\_\_\_\_\_/\_\_\_\_\_  
Date of Birth                      Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place signed (city and state)