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 staff, 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 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 agency; initial and/or continued employment may be subject to a satisfactory Criminal Conviction Report. When a criminal history inquiry is conducted, the applicant is notified of the inquiry in advance and must sign a separate release form. Applicants who do not sign the release form may be removed from consideration for employment. Individuals may contact the Washington State Patrol directly for information regarding their own records. 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 Employment Services (685-2728), Medical Centers Employment Services (731-3233), Academic Personnel Records (543-5630), Student Employment (543-1840) or University Temporary Services (543-5813).

Applicant Name (Last) (First) (M.I.)	Social Security Number *(optional)	*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 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 reason deny any right, benefit, or privilege provided by law.
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.

- ☐ 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 26.44.020)
- ☐ Child Buying or Selling
- ☐ Child Molestation (1st,2nd,3rd Degree)
- ☐ Communication with a Minor
- ☐ Criminal Abandonment
- ☐ Criminal Mistreatment (1st/2nd Degree)
- ☐ Custodial Interference (1st/2nd Degree)
- ☐ Extortion (1st/2nd/3rd* Degree)
- ☐ Forgery*
- ☐ Incest
- ☐ Indecent Exposure - Felony
- ☐ Indecent Liberties
- ☐ Kidnapping (1st/2nd Degree)
- ☐ Malicious Harassment
- ☐ Manslaughter (1st/2nd Degree)
- ☐ Murder, Aggravated
- ☐ Murder (1st/2nd Degree)
- ☐ Patronizing a Juvenile Prostitute
- ☐ Promoting Pornography
- ☐ 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
Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or 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 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**

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.

6. GENERAL CONVICTION INFORMATION:
Aside from those crimes listed above, within the past 10 years have you ever been convicted of or released from prison for any crimes, excluding parking tickets/traffic citations?

☐ **Yes** ☐ **No** If **Yes**, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

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

SIGNATURE

Under penalty of perjury, I certify that the above-stated information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above-stated information. I understand that the University of Washington may verify this information through the Washington State Patrol or other law enforcement related agency. I also 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**_____