

Olympic Educational Services District 114

SEX OFFENDER REGISTRY AND WATCH

EARLY LEARNING DEPARTMENT

WASHINGTON ACCESS TO CRIMINAL HISTORY

Request for Criminal History Information, Child/Adult Abuse Information Act

The Olympic ESD, in compliance with RCW 43.43.830 – 43.43.845, requires job applicants, volunteers, and substitutes who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults to have the WATCH background check. The WATCH background check is in addition to the Washington State Patrol/FBI and Department of Early Learning background checks required upon hire.

The OESD will notify you of the Washington State Patrol's response within ten days after receipt. OESD shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

PLEASE PRINT CLEARLY

Job Applicant Volunteer Substitute - Gender: Male Female - Date of Birth: _____
Month/Day/Year

Position Applied for Early Learning Dept. Volunteer

Applicant's Name: _____
Last First Middle

Mailing Address: _____

Email Address: _____

Other Names Used: _____

Applicants Signature: _____ Date: _____

APPLICANT DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.834, Olympic Educational Service District 114 (OESD 114) must ask you to complete the following questions and sign this statement. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of this statement, can be grounds for denial of employment or continued employment with OESD 114.

ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE PIECE OF PAPER.

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

If "yes", please identify the offense(s), provide the date(s) of the conviction(s), the name of the court, (e.g., Kitsap County Superior Court) and the sentence(s) imposed.

Continue on other side!

Yes No

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a 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?

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.

Yes No

3. Have you ever been dismissed or discharged or have you resigned in order to avoid discipline or discharge by any employer? If so, then state on a separate sheet of paper the name, address, and telephone number of the employer, the nature of the allegations, and the final disposition.

Yes No

4. Are you presently charged with but not convicted of any violations or crimes?

Yes No

5. **Are you authorized to work in the United States?** (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted).

I understand and agree that any falsification or any misrepresentation or omission of facts on any part of this application shall be sufficient cause for disqualification of this application or refusal to hire. Furthermore, it is understood that this application and records become the property of OESD 114, which reserves the right to accept or reject it. A criminal history on all applicants considered for hire by OESD 114 shall be requested through the Washington State Patrol and/or Federal Bureau of Investigations as a pre-employment prerequisite.

Pursuant to RCW 9A.72.085, I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Further, I hereby authorize OESD 114 to make any investigation of my personal or employment history and authorize any current/former employer, person, firm, corporation, educational or vocational institution, credit agency, or government agency or the Washington State Patrol or any Federal law enforcement agency to give OESD 114 any information they may have regarding me. I further authorize OESD 114 to disclose any information they may have regarding me if such information is requested by a different potential future employer of me. In consideration OESD 114's review of this application, I release and discharge the OESD 114 and all providers of information from any and all liability as a result of furnishing and receiving any of the above information (RCW 4.24.730).

I also understand and agree that any offer of employment that may be made to me is conditional and subject to acceptable outcome of a criminal history background information check and subject to approval of the District's Board of Directors. Until such time as the above acts are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require OESD 114 to continue my employment.

Printed Name:		Date:	
Signature:			