

“WATCH” REQUEST FOR CRIMINAL HISTORY INFORMATION (Child / Adult Abuse Information Act)

First Name _____ MI _____ Last _____

Aliases / Maiden Name _____

Date of Birth _____ Gender _____

Address _____

City, State Zip _____

Email _____

Phone(s) Home _____ Work _____ Cell _____

Applicant Signature _____ Date _____

APPLICANT DISCLOSURE STATEMENT

Answer YES or NO to each of the listed items. If the answer is YES, please explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

(1) Have you been convicted of any crimes against persons?
Answer _____ If yes, please explain:

(2) Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
Answer _____ If yes, please explain:

(3) Have you ever been 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?
Answer _____ If yes, please explain:

(4) Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
Answer _____ If yes, please explain:

I have read the information contained herein and I certify that the foregoing is true and correct. I authorize Puget Sound Community School (PSCS) to inquire with former employers or references and obtain any and all information regarding my job related background. I further authorize any person contacted by PSCS to provide information to PSCS. I understand that information from such former employers or references will not be made available to me. I release and hold harmless PSCS, my former employers, and all references from any and all liability in obtaining or disclosing such information. I agree that PSCS may, at its discretion, preclude me from volunteer service if among other reasons, I provide misleading or incomplete statements.

Applicant Signature _____ Date _____

SCHOOL VERIFICATION - FOR OFFICE USE ONLY

Date of Orientation _____

ID Verification (Driver’s License or other ID with name and birthdate) Initials _____

OK WATCH (State Patrol Criminal History Check) Date Passed _____ Initials _____

Comments _____