

Applicant Disclosure Form

Pursuant to Chapter 43.43 RCW

PLEASE ANSWER YES OR NO TO EACH QUESTION AND SIGN THE FORM. You will also need to complete the attached Criminal History Information Form authorizing Morton School District to request your Criminal History Record.

1. Have you ever been convicted of any crimes against persons listed below? If the answer is "yes" to any item, briefly explain below including the date and the court involved.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Arson (1 st degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Assault (Simple) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Assault (1 st , 2 nd or 3 rd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Burglary (1 st degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child abuse/neglect (defined by RCW 26.44020) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child molestation (1 st , 2 nd or 3 rd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child buying or selling |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child abandonment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child abuse (violating restraining order) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Communication with a minor |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Criminal mistreatment (1 st or 2 nd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Custodial assault |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Custodial interference (1 st or 2 nd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Extortion (1 st or 2 nd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Felony-indecent exposure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Incest |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Indecent liberties |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kidnapping (1 st or 2 nd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Malicious harassment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Manslaughter (1 st , 2 nd or 3 rd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Murder (aggravated) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Murder (1 st , 2 nd or 3 rd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Patronizing a juvenile prostitute |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Promoting pornography |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Promoting prostitution |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prostitution |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rape of a child (1 st , 2 nd or 3 rd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rape (1 st or 2 nd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Robbery (1 st or 2 nd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Selling or distributing erotic material to a minor |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sexual exploitation of minors |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sexual misconduct with a minor (1 st or 2 nd degree) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unlawful imprisonment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vehicular homicide |

Explanation, if needed: _____

2. Have you been convicted of crimes relating to financial exploitation of a vulnerable adult? (Crimes relating to financial exploitation include conviction for 1st, 2nd or 3rd degree extortion; 1st, 2nd or 3rd degree theft, 1st degree robbery, forgery or as renamed. A vulnerable adult is a person 60 years of age or older who has the functional, mental or physical inability to care for himself/herself or is a patient in a state hospital as defined in Chapter 72.23 RCW.)

☐ Yes

☐ No

If yes, explain: _____

3. Have you been found in any dependency action under RCW 13.34.040 or found in Court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor?

☐ Yes

☐ No

If yes, explain: _____

4. Have you been found by a Court in a protection proceeding under Chapter 74.34 RCW or 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 a vulnerable adult? Or under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

☐ Yes

☐ No

If yes, explain: _____

5. Within the past ten (10) years, have you been convicted of ANY offence or placed on deferred sentence for ANY offense?

☐ Yes

☐ No

If yes, explain: _____

6. Within the past ten (10) years, have you been released from jail prison, probation or a work release program?

☐ Yes

☐ No

If yes, explain: _____

PLEASE READ AND SIGN BELOW

I have read the information contained herein and pursuant to RCW 9A.72.085, I certify under penalty or perjury under the laws of the State of Washington that the foregoing is true and correct. I authorize Morton School District #214 to make such investigations and inquiries as may be necessary in arriving at a staff, coach or volunteer assignment decision. I hereby release Morton School District #214 and its employees from all liability in responding to inquiries in connection with my application. In the event of an assignment, I understand that any offer or placement is contingent upon an acceptable outcome of the criminal history check. I agree that the District may, at its discretion, preclude me from service is, among other reasons, I provide misleading or incomplete statements. I understand that I am required to abide by all policies, procedures and regulations of Morton School District #214.

Signature

Date

Print Full Name

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

A REQUESTING AGENCY/ADDRESS Morton School District _____ Agency Carlie Womack _____ Attn PO Box 1219 _____ Address Morton WA 98356 _____ City/State/Zip <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I certify this request is made pursuant to and for the purpose indicated.</p><table style="width: 100%;"><tr><td style="width: 60%;">_____ Authorized Signature</td><td style="width: 40%;">_____ Date</td></tr><tr><td>District Secretary Title</td><td>(360) 496-5300 Area Code/Phone Number</td></tr></table></div>	_____ Authorized Signature	_____ Date	District Secretary Title	(360) 496-5300 Area Code/Phone Number	B PURPOSE Check appropriate box <input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee <input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) <input type="checkbox"/> Profit Business/Organization - \$17 <input type="checkbox"/> Adoptive Parent - \$17 <input checked="" type="checkbox"/> Receive background results electronically Email address _____ Password _____ (must be at least 8 characters) Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal. _____ Notarized Letter(s)
_____ Authorized Signature	_____ Date				
District Secretary Title	(360) 496-5300 Area Code/Phone Number				

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.) Applicant's Name: _____ Last First Middle Alias/Maiden Name(s): _____ Date of Birth: _____ Sex: _____ Race: _____ Month/Day/Year Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.
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D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845. Morton School District _____ Requesting Agency _____ Applicant's Signature _____ Applicant's Name _____ Address _____ City/State/Zip
