

**SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF OKANOGAN
DEPARTMENT OF JUVENILE AND FAMILY SERVICES**

ADDENDUM TO EMPLOYMENT/VOLUNTEER APPLICATION

POSITION APPLIED FOR: _____

**APPLICANT DISCLOSURE STATEMENT AND
AUTHORIZATION FOR BACKGROUND/RECORD INQUIRY**

I understand that I am applying for appointment to a position which is directly responsible for the care, supervision or treatment of children or persons with developmental disabilities and that RCW Chapter 43.43 requires me, as an applicant, to sign a disclosure statement, under penalty of perjury, relating to certain civil adjudications, conviction records and disciplinary board final decisions. In addition, I understand that inquiries may be made to local, tribal, state and/or federal law enforcement agencies or courts, as well as any division of the State of Washington, Department of Social and Health Services, and that information obtained from the disclosure statement or background inquiries will not necessarily preclude my appointment to the position applied for, but will be considered in determining my character, suitability and competence.

I understand that if I wish to be considered, I must complete and sign the “Applicant Disclosure Statement and Authorization for Background/Record Inquiry” and that failure to complete and sign this form, will disqualify me from further consideration. I further understand that, by signing, I am not obligated to accept this position, nor is the Department of Juvenile and Family Services (Hereinafter referred to as the “Department”) obligated to accept me for any employment or volunteer assignment, activity or relationship.

I declare under penalty of perjury in the State of Washington, that the facts and information contained in this document are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omissions, as well as any misleading statements or omissions, may serve as the basis for a finding of unsuitability as an employee or volunteer, or immediate termination, regardless of when or how discovered.

For purposes of my statement under RCW 43.43.830, I understand that a “Crime Against Children or Other Persons” means a conviction for any of the following offenses: Aggravated Murder; First or Second Degree Murder; First or Second Degree Kidnapping; First, Second or Third Degree Assault; First, Second or Third Degree Assault of a Child; First, Second or Third Degree Rape; First, Second or Third Degree Rape of a Child; First or Second Degree Robbery; First Degree Arson; First Degree Burglary; First or Second Degree Manslaughter; First or Second Degree Extortion; Indecent Liberties; Incest; Vehicular Homicide; First Degree Promoting Prostitution; Communication with a Minor for Immoral Purposes; Unlawful Imprisonment; Simple Assault; Sexual Exploitation of Minors; First or Second Degree Criminal Mistreatment; Child Abuse or Neglect as defined in RCW 26.44.020; First or Second Degree Custodial Interference; First or Second Degree Custodial Sexual Misconduct; Malicious

Harassment; First, Second or Third Degree Child Molestation; First, Second or Third Degree Sexual Misconduct with a Minor; Patronizing a Juvenile Prostitute; Child Abandonment; Promoting Pornography; Selling or Distributing Erotic Material to a Minor; Custodial Assault; Violation of Child Abuse Restraining Order; Child Buying or Selling; Prostitution; Felony Indecent Exposure; Criminal Abandonment; or any of these crimes as they may be renamed in the future.

I hereby authorize the inquiry and investigation of all matters which the Department deems relevant to my qualifications as an employee or volunteer, including statements made in this disclosure statement and in any attachments or supporting documents. I authorize the Department to request and receive such information and I release from liability any persons or agencies supplying it. I also release the Department from all liability, which may result from making the investigations, and I understand that the Department may request and receive information from local, tribal, state and federal law enforcement agencies or courts and from any division of the State of Washington, Department of Social and Health Services.

NAME: _____
(Please Print) (First) (Middle) (Last)

SIGNATURE: _____ DATE: _____

INQUIRY INFORMATION

FULL NAME: _____
(First) (Middle) (Last)

Maiden Name (if applicable): _____

Other Names or Alias Used: _____

Birth Date: _____ Race/Ethnicity: _____

Social Security Number: _____

Drivers License Number: _____ State: _____

HT: _____ WT: _____ Hair Color: _____ Eye Color: _____

1) Have you ever been convicted of a "Crime Against Children or Other Persons"?

Yes _____ No _____ If yes, dates of conviction(s): _____

If yes, in which City, County & State? _____

2) Have you ever been found, in any dependency action under RCW Chapter 13.34, to have sexually abused, exploited or physically abused any minor?

Yes _____ No _____ If yes, date of finding(s): _____

If yes, in which City, County & State? _____

3) Have you ever been found by a court in any domestic relations proceeding, under RCW Chapter 26, to have sexually abused, exploited or physically abused any person?

Yes _____ No _____ If yes, date of finding(s): _____

If yes, in which City, County & State? _____

4) Have you ever been found in any disciplinary board final decision to have sexually abused, exploited or physically abused any person?

Yes _____ No _____ If yes, date of finding(s): _____

If yes, in which City, County & State? _____

5) Have you ever been the subject of a protection or anti-harassment order?

Yes _____ No _____ If yes, date of order(s) _____

If yes, in which City, County & State? _____

6) Have you ever been convicted of any criminal offense(s)? Yes _____ No _____

If yes, please list location, date and type of offense(s): _____

7) Have you ever been incarcerated in a jail or prison? Yes _____ No _____

If yes, give the date(s) and location(s) _____

If yes, give the reason for incarceration(s) _____

8) Are you currently under any form of probation or parole supervision or under any type of court release conditions? Yes _____ No _____

If yes, for what reason? _____

9) Are you currently under any form of diversion or deferred prosecution program?

Yes _____ No _____ If yes, for what reason? _____

10) Have you ever been placed on any registry of child or adult abuse?

Yes_____ No_____ If yes, where? _____

11) Have you ever been the subject of a mental health involuntary commitment proceeding?

Yes_____ No_____

If yes, where? _____

12) Have you ever been denied a license to care for children or adults or had a license to care for children or adults revoked or suspended? Yes_____ No_____

If yes, where? _____

13) Have you ever lived outside of Washington State? Yes_____ No_____

If yes, please list the year(s) and location(s): _____

14) Please provide us with your contact information:

Physical Address: _____

City:_____ State:_____ Zip Code: _____

Mailing Address: _____

City:_____ State:_____ Zip Code: _____

Home Phone: ()_____ Work Phone: ()_____

15) If necessary, please attach a statement on a separate sheet of paper regarding the circumstances or to provide additional explanations for any yes answers to questions 1 through 13 above.