

APPLICANT NOTICE
OKANOGAN COUNTY PUBLIC HOSPITAL
DISTRICT NO. 3

Applicants for employment who have unsupervised access to children or developmentally disabled persons must make a written disclosure of certain civil adjudications, convictions, records of crimes against persons, and (for licensed personnel) disciplinary board final decisions under a law passed by the 1987 Washington State Legislature. Background inquiries on these matters may be made to the Washington State Patrol, or to other state or federal law enforcement agencies. Information obtained from an applicant's disclosure statement or from these background inquiries will not necessarily prevent employment. This information will be considered in determining the applicant's character, suitability and competence to perform and may result in a denial of employment. Applicants must sign a release authorizing the background inquiry. Failure to do so, or to provide the disclosure statement, shall prevent the applicant from employment.

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OKANOGAN COUNTY PUBLIC HOSPITAL
DISTRICT NO. 3

APPLICANT DISCLOSURE AND AUTHORIZATION
FOR BACKGROUND INQUIRY

IMPORTANT APPLICANT INFORMATION:

You are applying for employment to a position which may allow unsupervised access to children or developmentally disabled persons.

As provided by state law (RCW 43.43), a disclosure statement must be made by an applicant, and background inquiries may be made, of certain civil adjudications, conviction records of crimes against persons and disciplinary board final decisions prior to employment to positions which may allow unsupervised access to children or developmentally disabled persons. Such inquiries may be made to state and/or federal law enforcement agencies. Information obtained from the disclosure statement, or from the background inquiries, will not necessarily preclude employment, but will be considered in determining the applicant's character, suitability and competence to perform in the position applied for and may result in a denial of employment. Use of the record of these inquiries will be restricted to the decision on your employment.

If you wish to be considered for employment in this position, you must complete and sign this "Applicant's Disclosure and Authorization for Background Inquiry" form. Failure to complete and sign this form shall disqualify you for employment to this position. A background check of civil adjudication, conviction records of crimes against persons and final board disciplinary decisions may be conducted. The information provided on this form shall only be considered if you are the preferred applicant. If you are not a preferred applicant, this form shall be returned to you.

If background inquiry is made to a state or federal law enforcement agency, you will be notified of its response, and a copy of that response will be available to you on request.

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COMPLETE THE FOLLOWING:

Name (please print) _____
Last First Middle

Alias/Maiden Name _____ Date of Birth _____

Have you been 1) Convicted of any crime against persons*; 2) Found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor; 3) Found by a court in a domestic relations proceeding to have sexually abused any minor? (NOTE: Do not consider any conviction which has been the subject of a pardon, annulment or other equivalent procedure based on a finding of innocence).

In the State of Washington? _____ No _____ Yes

Outside the State of Washington? _____ No _____ Yes

If the answer is yes, in what state or states? _____

Complete the following. This information shall only be used for the purpose of identification in conjunction with the background inquiry.

Sex	Height	Weight	Color of Eyes	Color of Hair	Race	SS#

All answers and statements are true and complete in the best of my knowledge. I understand that a background check of convictions and pending criminal charges may be conducted, that untruthful or misleading answers or deliberate omissions are cause for denial of appointment in this position, or immediate dismissal if presently or subsequently appointed.

Please write your name and address on the attached envelope. After you have signed this form, place it in the envelope, seal the envelope and return it to the interviewer. If you are not the preferred applicant, the envelope will be returned to you unopened.

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I hereby authorize _____ to conduct a background inquiry on me if I am the preferred applicant. I attest under the penalty of perjury that the information I have provided is true and accurate to the best of my knowledge.

Mailing address _____
Street City State Zip

Date

Signature of Applicant

*"Crimes against persons" means a conviction of 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 rape; first, second or third degree statutory rape; 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; unlawful imprisonment; simple assault; sexual exploitation of minors, or first or second degree criminal mistreatment.

MID-VALLEY HOSPITAL

Pursuant to the requirements of 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you every been convicted of a crime against persons? (A crime against persons includes any of the following offenses: Aggravated murder; first, second, or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; 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, unlawful imprisonment; simple assault; sexual exploitation of minors, first or second degree criminal mistreatment, or any of these crimes as they may be renamed in the future).

_____Yes _____No

If your answer is "yes", please describe and provide the date(s) of the conviction(s) and the sentence imposed.

Have you ever been found in a:

Dependency Action

Domestic relations proceeding, or

Disciplinary board final decision

To have sexually assaulted or exploited a minor, or to have sexually abused a minor?

_____Yes _____No

If your answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed:

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against person, civil adjudications of child abuse, and disciplinary board final decision. If you are hired before that report is available, **YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.**

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

UPON PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand the if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature

Date