



Applicant Disclosure Form

960 Newport Way NW, Issaquah, WA 98027 • www.kcls.org • Jobline 425-369-3222

King County Library System is an Equal Opportunity Employer

Under Washington law, King County Library System is required to obtain a written disclosure from anyone applying for or volunteering to work in a position that will or may involve unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. In conjunction with this law, KCLS conducts a background inquiry with the Washington State Patrol on anyone who is offered and accepts a position. Successful completion of this background inquiry is a condition of employment with KCLS. Information obtained through this process may not necessarily prevent employment. However, it will be used to help determine suitability and competence to perform the job and, on this basis, may result in denial of employment. If you undergo this inquiry as a selected applicant, KCLS will notify you of the response it receives from Washington State Patrol within ten days after it arrives in Human Resources. A copy of the response will also be made available to you upon request.

- You **must answer YES or NO to each listed question** when you complete this form.
- If you answer **yes to any question** below, you **must provide** the following information on an attached sheet of paper along with your signature.

Question Number	Date of Conviction	Offense	County & State Disposition Court	An Explanation
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1. Have you ever been convicted of any crimes against children or other persons, as follows: 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; 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; malicious harassment; first or second, or third degree child molestation; first or second 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; or any of these crimes as they may be renamed in the future? ____NO ____YES
2. Have you ever been convicted of any crimes relating to financial exploitation of a victim who was a vulnerable adult, including: first, second or third degree extortion; first second or third degree theft; forgery? ____NO ____YES
3. Have you ever been found in any dependency action (a court proceeding regarding child dependent status and/or termination of parental rights under RCW 13.34.030 (2) (B) or under any other jurisdiction outside of Washington State) to have sexually assaulted or exploited any minor or developmentally disabled person or to have physically abused any minor or developmentally disabled person? ____NO ____YES
4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW (or under any other jurisdiction of Washington State) to have sexually abused or exploited any minor or developmentally disabled person or to have physically abused any minor or developmentally disabled person? ____NO ____YES
5. Have you ever been found in 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 any vulnerable adult? ____NO ____YES
6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? ____NO ____YES
7. Have you ever been convicted of a drug related crime? ____NO ____YES

I attest under penalty of perjury that the information I have provided is true and accurate to the best of my knowledge. I hereby authorize King County Library System to conduct a background inquiry on me. I understand that any offer of employment is contingent on the successful outcome of this background check.

Applicant Signature _____ Print Name _____ Date _____

Job Title _____ Job Number Applied For _____ Community Library/Location _____

Managers:
Please return with
the Applicant
Disclosure Form.

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

(Instructions on Reverse Side)

- Volunteer
 Employee

KCLS Branch:

Branch Contact Person:

<p>A REQUESTING AGENCY/ADDRESS King County Library System</p> <p>Agency Human Resources</p> <p>Attn 960 Newport Way NW</p> <p>Address Issaquah, WA 98027</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date ()</p> <p>_____ Title Area Code/Phone Number</p>	<p>B PURPOSE Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal. _____ Notarized Letter(s)</p>
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↓ **Applicant: Please fill out Sections C and D below completely** ↓

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

Social Security Number: **NOT APPLICABLE** Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.
KING COUNTY LIBRARY SYSTEM

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

Applicant Right Thumb Print (Optional)