UNIVERSITY of WASHINGTON
HUMAN RESOURCES

Criminal Conviction and Civil Finding History Self-Disclosure

Instructions

Use this form only for positions/appointments that are subject to a criminal conviction background check.

The University conducts criminal conviction background checks on all finalist candidates for employment in positions that the University has identified as security/safety sensitive, including those covered by the Washington State Child and Adult Abuse Law (CAAL). Having a criminal conviction and/or civil finding record does not necessarily disqualify an individual for employment at the University. However, individuals with certain types of convictions or civil findings may be ineligible for employment in some positions, as required by law.

Section 1: Candidate information

1. Full legal name: _____
2. Phone number: _____
3. Date of birth _____
4. Position or type of work for which you are applying: _____
5. Email: _____
6. Department or program of the position: _____
7. Supervisor or department contact: _____

Section 2: Self-disclosure

1. Do you have an adult or juvenile criminal conviction record?
   ☐ Yes ☐ No
2. If you answered **yes** above, for each conviction, provide the following details:
   a. The offense:

   _____
   b. Name and location of the court(s):

   _____
   a. Date of the conviction(s):

   _____

b. The sentence imposed:

3. In a civil adjudicative proceeding, have you ever been found responsible for domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, and/or exploitation or financial exploitation of a child or a vulnerable adult? (Civil adjudicative proceedings include non-criminal judicial or administrative hearings and findings that have been made by agencies such as the Department of Social and Health Services or the Department of Health). If you answer **yes**, you will be asked to provide details in the next question.

☐ Yes ☐ No

4. If you answered **yes**, for each finding, provide the following details:

a. Nature of finding(s):

b. Agency/court making the finding(s):

c. Date(s) finding(s) made:

d. Penalties/restrictions imposed:

5. Have you had monetary penalties imposed on you relating to Medicare, Medicaid or any state or federal healthcare program, and/or have you ever been excluded from providing services or supplies under Medicare, Medicaid, and/or other state or federal health care program?

☐ Yes ☐ No

6. If you answered **yes** to any of the above four questions, for each conviction or finding provide the following details:

a. Nature of finding(s):

b. Agency/court making the finding(s):

c. Date(s) finding(s) made:

d. Penalties/restrictions imposed:

Section 3: Authorization

☐ Under penalty of perjury, I certify that all of the responses I have provided are true, correct, and complete. I understand that if hired, I can be discharged for any misrepresentation or omission in the above responses and that employment eligibility may be conditioned on the University's receipt of a satisfactory criminal conviction report and my providing proof of eligibility to work in the United States.

Signature

Signature: _____

Date: _____