



Applicant: \_\_\_\_\_

# CITY OF TUKWILA

## Human Resources Department

### Notification and Authorization for Background Investigation Disclosure Statement

In compliance with RCW 43.43.830-845, all employees that hold a position in which the person may have unsupervised access to children less than sixteen years of age, to developmentally disabled persons, or to vulnerable adults, are required to disclose the following information:

1.	<p>Have you ever been convicted of any crime against children or other persons*?</p> <p>* "Crime against children or other persons" (as identified in RCW 43.43.830) 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 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; first or second degree custodial sexual misconduct; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; commercial sexual abuse of a minor; 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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you 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 a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is YES to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:

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Please continue on the back →

The City of Tukwila shall make an inquiry to the Southeastern Security Consultants, Inc. regarding an applicant's conviction record, disciplinary board final decision, or civil adjudication record. **Applicants will be notified of the results within 10 working days of receipt of this information by the City of Tukwila. A copy of the background screening results will be made available to the applicant upon request.**

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, which I understand the requirements, and I grant permission to the City of Tukwila to make inquiry to the aforementioned organizations under the provisions of this law. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

**TO EXPEDITE THE BACKGROUND CHECK PROCESS  
PLEASE PROVIDE ALL REQUESTED INFORMATION.  
INFORMATION WILL BE KEPT CONFIDENTIAL.**

**\*\*\*PRINT CLEARLY\*\*\***

Applicant's Name ( <i>Print</i> )			Date of Birth		
Street Address			Social Security Number		
City	State	Zip Code	Phone Number 1:		
Applicant's Signature			Date	Phone Number 2:	

City of Tukwila Processing Agent					Processed Date			
Results Date:		Results:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Applicant Notified:	No	Yes	Date:
Notes:								