



# CRIMINAL DISCLOSURE

As a law enforcement agency, it is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened. This information is required in order to maintain security and safeguard the confidentiality of Department information. Criminal history may not preclude your employment or service with the Department.

**Print full name:** \_\_\_\_\_

List all conviction(s)/gross misdemeanor(s) below. Do not include convictions vacated by the court and removed from the official record. Please indicate "None" below if there are no convictions.

Disclosure requirements are not limited to any time period and include suspended and/or deferred sentences, convictions by a Juvenile Court where the applicant was 15 years of age or older at the time of the offense, and incarcerations for felony offenses, gross misdemeanor offenses involving violence, and any offenses involving sexual misconduct.

Date	Crime	If incarcerated, give location and dates. If not incarcerated, what disposition was made?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

None

If you have had a felony conviction, have you received a certificate of discharge, including all civil rights being restored?

N/A  No  Yes, date: \_\_\_\_\_ Attach a copy of the certificate of discharge.

Do you have the right under the law to carry and use a firearm?  No  Yes

## ACKNOWLEDGEMENT AND RELEASE

I understand that a background check will be conducted including, but not limited to, arrests and convictions, prior employment, and education. All answers and statements are true and complete to the best of my knowledge. I understand that, if hired, I will be fingerprinted and that untruthful or misleading answers or deliberate omissions will be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or acting as a contract staff or volunteer. By completing and submitting this form, I am authorizing release of my information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Personnel/Contract/Volunteer file