



SEXUAL MISCONDUCT AND INSTITUTIONAL EMPLOYMENT/SERVICE DISCLOSURE

PART 1 - To be completed prior to appointment

Full name (print): _____

Federal Prison Rape Elimination Act (PREA) standards require that the Department of Corrections seek disclosure of sexual misconduct from prospective employees, contract staff, and volunteers at the time of hire and whenever the person is considered for promotion.

It is also necessary that all Department of Corrections employees, contract staff, volunteers, and prospective personnel be carefully screened prior to appointment. This includes a review of all prior employment/service with employers that house or provide services to individuals, youths, vulnerable persons, or others in an **institutional setting** such as prison, jail, lockup, community confinement facility, juvenile facility, or other facility as defined under 42 USC 1997 (i.e., facility for the mentally, physically, intellectually disabled, residential care or treatment facility for juveniles, facility that provides skilled nursing, intermediate or long-term care, or custodial or residential care).

AN INSTITUTION IS: Any facility or institution which is owned, operated, managed by, or provides services on behalf of the state or federal Government, or political subdivision of a state (i.e., county, city, or town).

Please note - An "institutional setting" does not include employment in privately-owned and operated facilities such as nursing homes, where the sole connection to the state is a state license to operate the establishment unless state and/or federal government agencies contract with the facility or its parent company to house individuals.

SEXUAL MISCONDUCT DISCLOSURE

Have you ever engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or institutional setting (as defined above)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been civilly or administratively adjudicated (there was a formal <u>finding</u> and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If you answered YES to any of the above questions, please explain below or attach additional sheets/information if needed.

Acknowledgment and Release

All answers and statements are true and complete to the best of my knowledge. I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

Signature: _____

Date: _____

PART 2 - To be completed by prospective employees, not required for current employees

INSTITUTIONAL EMPLOYMENT/SERVICE DISCLOSURE HISTORY

Have you ever been employed by or otherwise provided services on a contract or volunteer basis in an institutional setting as defined above? No Yes - specify all (attach additional sheets/information if needed)

	Facility name	Location (city, state)	Start/end date (m/y)	Facility contact/phone
1				
2				
3				
4				

Acknowledgment and Release

All answers and statements are true and complete to the best of my knowledge. I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

Signature: _____

Date: _____

FOR EMPLOYER USE ONLY

See [PREA-Institutional Employer Verification Job Aid](#) for detailed instructions

Intro: <Candidates Name> has applied for a position with the Washington State Department of Corrections. Due to Prison Rape Elimination Act (PREA) requirements, our Department is required to conduct a review of all prior employment/service with employers such as yours.

Question 1: Are you aware of whether or not this person engaged in any sexual abuse or sexual harassment while employed at your facility? If YES, please elaborate (e.g., outcomes, determinations, description of allegation).

Question 2: Are you aware of whether or not this person resigned from your facility while under investigation of an allegation of sexual abuse or sexual harassment?

1. Facility contact name	Contact title	Attempt dates	Method(s) of contact:
Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify		Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify	
Comments:		Comments:	
2. Facility contact name	Contact title	Attempt dates	Method(s) of contact:
Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify		Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify	
Comments:		Comments:	
3. Facility contact name	Contact title	Attempt dates	Method(s) of contact:
Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify		Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify	
Comments:		Comments:	
4. Facility contact name	Contact title	Attempt dates	Method(s) of contact:
Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify		Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify	
Comments:		Comments:	
Review completed by:		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** - Recruitment/Contract/Volunteer file