

Instructions for using the CRIMINAL CONVICTION AND CIVIL FINDING HISTORY SELF-DISCLOSURE AND AUTHORIZATION

For positions that meet one or more of the security/safety sensitive criteria, including positions covered by the Washington State Child and Adult Abuse Law (CAAL), offers of employment or volunteer assignment are made contingent on obtaining a satisfactory criminal conviction background result for the candidate.

This form provides authorization for the University to run a Criminal Conviction and Civil Finding Background Check. Once you have completed this authorization, **return it to HR (see below)**, who will initiate the criminal conviction and civil finding background check process.

Forms may be sent to HR via:

- Campus Mail - TTM-CHBC Forms, Box 354963
- As a PDF - ttmchbc@uw.edu
- FAX – Attn: TTM-CHBC Forms, 206.685.0636
- In person at 4300 Roosevelt Way NE, 2nd Floor

A complete description of the Criminal Conviction and Civil Finding Background Check process including Security/Safety Sensitive criteria is at the [HR Total Talent Management background check website](#).

CRIMINAL CONVICTION AND CIVIL FINDING HISTORY SELF-DISCLOSURE AND AUTHORIZATION

ONLY use this authorization for those positions/appointments/volunteer assignments that are subject to a criminal conviction background check, and are NOT being filled through UWHIRES. PLEASE TYPE OR PRINT RESPONSES.

The University conducts a criminal conviction background check for 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. You are being asked to complete this form because you have been identified as a qualified candidate for a position as an employee or volunteer. The information you provide will be used as part of the criminal conviction background/civil finding review process. If a criminal conviction/civil finding background check is run, you will be informed of any finding that may result in an adverse employment decision. Whenever a criminal conviction/civil finding background check is run, you may request a copy of the results. If you have questions about the use of conviction/criminal history information in the application process please discuss them either with the office using this form or University of Washington HR Operations 206-543-2544.

Full Legal Name: Last Name, First Name and Middle Name		Phone: Include area code	Date of Birth: (mm/dd/yyyy)*
Position or type of work for which you are applying:		Email:	
Department or Program of the Position:		Supervisor or Department Contact:	
Do you have an adult and/or juvenile criminal conviction record?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you answered YES above , for each conviction, provide the following details in the spaces below:			
The offense(s)	Name/location of the court(s)	Date(s) of the conviction(s)	The sentence(s) imposed
In a civil 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 proceedings include noncriminal judicial or administrative hearings and determinations 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.		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If you answered YES , for each finding, provide the following details:			
Nature of finding(s)	Agency/court making the finding(s)	Date(s) finding(s) made	Penalties/restrictions imposed
Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?		<input type="checkbox"/> No	<input type="checkbox"/> Yes

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Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federally-funded healthcare program?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Have you even been subject to FDA debarment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If you answered **YES** to any of the above four questions, for each conviction, finding, or debarment, provide the following details:

Nature of finding(s)/conviction(s)/debarment	Agency/court taking action	Date(s) finding(s) made	Penalties/restrictions imposed

I certify that the information contained in my resume and all other application-related materials I provide is true, correct, and complete. I understand that my eligibility for employment or appointment as a volunteer is conditioned on, among other things, the University's receipt of a satisfactory criminal conviction report and my providing proof of eligibility to work in the United States. I further understand that I can be denied employment or discharged for any misrepresentation or omission in the information I provide. I also authorize the University of Washington to make inquiries regarding my education, work experience, references (unless otherwise stated), and criminal conviction/civil finding history.

Signature _____	Date _____
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*If the Student, Student Employee, or Volunteer is under the age of 18 Parental Authorization is Required

PARENTAL AUTHORIZATION
I consent to allow the University of Washington to complete a criminal conviction/civil finding background check on the minor identified above.

Parental or Guardian Signature _____	Date _____
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Print Name of Parent or Guardian _____	Date _____
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