

 111 University Parkway; Yakima, WA 98901 | P: 509-452-5100| F 509-452-5101 | HR@pnwu.edu\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST FOR CRIMINAL HISTORY INFORMATION-CHILD/ADULT ABUSE INFORMATION ACT-RCW 43.43.830 THROUGH 43.43.845**

**Applicant of Inquiry (please provide as much information as possible; name and date of birth are mandatory.)**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Alias/Maiden Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

**Secondary dissemination of this criminal history record information response is prohibited unless in compliance with the statute.**

Purpose of this WATCH Form:Employment StudentClinical Rotations Volunteer/Other

Have you ever been convicted of a crime and/or released from confinement following a conviction related to theft, fraud, violence, and/or drug manufacture or distribution? If yes, please give date, place and nature of each such conviction on a separate piece of paper and attach it to the application. Such conviction(s) may be relevant if job related, but is not an automatic bar from employment/rotation. Arrest or charges that have been expunged do not need to be disclosed. Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever had findings made against you in any civil adjudicative proceeding? Yes\_\_\_\_\_ No\_\_\_\_\_

If “yes” please explain:

By signing this form I acknowledge that Pacific Northwest University of Health Sciences has permission to run a Washington State Patrol (WSP) **Request for Criminal History Information and Child/Adult Abuse Information request**. I also acknowledge that completion of this form is official notification of an inquiry being made to WSP.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* No, I would not like a copy of the WSP criminal history report
* Yes, I would like a copy of the WSP criminal history report