



CRIMINAL CONVICTION VERIFICATION

Criminal conviction records are reviewed as they relate to the content and nature of work, the safety and security of the campus community and University property. A conviction does not necessarily disqualify a person and information will only be disclosed to appropriate staff on a need to know basis. Washington State Child and Adult Abuse Information Law permits employers to ask applicants to disclose specific information about any convictions for crimes against persons and findings in related.

Please print clearly

W#		Phone *	
Last Name *		Email *	
First Name (legal) *		Driver's License # *	
Middle Name * (write N/A if none)		State of issue *	
DOB (mm/dd/yyyy) *		Current Address *	
Other names used			

<input type="checkbox"/> Student Employee <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Volunteer	Position Title _____ Department _____ Supervisor _____ My position involves working with minors and/or handling money* <input type="checkbox"/> yes <input type="checkbox"/> no
--	--

Have you lived outside of WA within the last 3 years? *	<input type="checkbox"/> Yes * <input type="checkbox"/> No	* If yes: Social Security Number _____ List residences in the past 3 years below:
Street City/State Country Dates (month/year)	Street City/State Country Dates (month/year)	Street City/State Country Dates (month/year)

Have you ever been convicted of a felony? *	<input type="checkbox"/> Yes * <input type="checkbox"/> No	* If yes: Provide information below:
Offense Date Disposition County City / State / Country	Offense Date Disposition County City / State / Country	Offense Date Disposition County City / State / Country

I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above stated information or application. I also understand that any job offer or subsequent employment is conditional based upon receipt of a criminal conviction report satisfactory to the University. I hereby release WWU and any law enforcement agency from liability or damage that may result from furnishing the information requested. I attest the information I have provided is true under penalty of perjury of the laws of the State of Washington.

*Signature _____ *Date _____