

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

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

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

PULLMAN REGIONAL HOSPITAL

Agency

BERNADETTE BERNEY, HR DIRECTOR

Attn

835 SE BISHOP BOULEVARD

Address

PULLMAN, WA 99163

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Bernadette Berney
Authorized Signature Date

HR DIRECTOR

Title

509-336-7525

Area Code/Phone Number

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to Washington State Patrol by cashier's check, money order, or business account.

C 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): _____

Date of Birth: _____ Sex: _____ Race: _____

Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

IDENTIFICATION DECLARING NO EVIDENCE

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

PULLMAN REGIONAL HOSPITAL

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

3000-240-430 (09/01)

PULLMAN REGIONAL HOSPITAL – APPLICANT DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.834 and Washington Administrative Code 246-320-105, Pullman Regional Hospital must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

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- *Note: Pullman Regional Hospital will confirm your answers to these questions by:*
 - (1) *Running a Washington State Patrol check for criminal convictions;*
 - (2) *Searching the Washington Courts database for civil adjudications as listed below; and,*
 - (3) *For licensed personnel, checking the Department of Health credentials database for disciplinary actions.*

 - *You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.*
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1. Have you ever been convicted of a crime?

_____ Yes _____ No

If "yes," please identify the offense(s), provide the date(s) of the convictions(s), the name of the court, (e.g. King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____ Yes _____ No

If "yes," please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on satisfactory results of the background checks listed above. I have signed this Disclosure Statement on the date shown below at _____, Washington.

DATE: _____

Signature: _____

Print name: _____