

CRIMES AGAINST PERSONS DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.834, Lake Chelan Community Hospital must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

Note: Lake Chelan Community Hospital will confirm your answers to these questions by:

1. Running a Washington State Patrol and/or national background 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 credential database for disciplinary actions.

Yes No Have you ever been convicted of a crime?
If yes, please identify the offense(s), provide the date(s) of the conviction(s),
The name of the court,(e.g., Chelan County Superior Court) and the sentence
imposed.

Yes No 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 (First, Second or Third degree, extortion; First or Second degree robbery; First, Second or Third degree theft; Forgery; Or any of these crimes as they may have been renamed in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or DOH that you have not administratively challenged or appealed. A "vulnerable adult" is a person who lacks the functional, mental or physical ability to care for him/herself; has been found to be incapacitated under Chapter RCW 11:88; has developmental disability as defined by RCW 71A.10.020; has been admitted into a state licensed boarding home, nursing home, adult family home, soldiers' home, residential rehabilitation center or any other DSHS licensed facility; or receives services from a provider who contracts with DHS to provide services for the person in his/her home.
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 imposed.

Have you ever been convicted, either as a juvenile or adult, of any of the following crimes against children or **other persons**, or crimes relating to drugs? Convictions include judge or jury verdicts, guilty pleas, “Alford” pleas or pleas of “nolo contendere.”

Yes	No	
		Aggravated Murder
		First or Second degree murder
		First or Second degree kidnapping
		First, Second or Third degree assault
		First, Second or Third degree assault of a child
		First, Second or Third degree rape
		First, Second or Third degree rape of a child
		First or Second degree robbery
		First degree arson
		First degree burglary
		First or second degree manslaughter
		First or Second degree extortion
		Indecent liberties
		Incest
		Vehicular homicide
		First degree promoting prostitution
		Communication with a minor
		Unlawful imprisonment
		Simple assault
		Sexual exploitation of minors
		First or Second degree criminal mistreatment

Yes	No	
		Child abuse or neglect as defined in RCW 26.44.020
		First or Second degree custodial interference
		First or Second degree custodial sexual misconduct
		Malicious harassment
		First, Second or Third degree child molestation
		First or Second degree sexual misconduct with a minor
		Patronizing a juvenile prostitute
		Child abandonment
		Promoting pornography
		Selling or distributing erotic material to a minor
		Custodial assault
		Violation of child abuse restraining order
		Child buying or selling
		Prostitution
		Felony Indecent Exposure
		Criminal Abandonment
		Manufacturing a controlled substance
		Delivery of a controlled substance
		Possession of a controlled substance with intent to manufacture or deliver
		Endangerment with a controlled substance
		Or any of these crimes has they may have been renamed

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omissions in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol. We will make a copy of the report available to you upon your request.

Signature: _____

Name (Print): _____

Date: _____