

Background Check Disclosure Washington State Patrol and/or FBI

I understand that in order to complete my application for employment with The Bear Creek School and/or volunteer to supervise, chaperone, or transport students of The Bear Creek School, I am required to undergo a criminal background check. I authorize The Bear Creek School to obtain my Washington State Patrol and/or FBI criminal history and child/adult abuse information background check.

I assert, under penalty of perjury, that the information I have provided below is accurate. I acknowledge and agree that my failure to disclose accurately information requested on this form may result in my employment being terminated, my not being hired, and/or my not being afforded the opportunity to volunteer for The Bear Creek School.

The Bear Creek School requires each applicant and/or volunteer who will have regularly scheduled unsupervised contact with students of The Bear Creek School to disclose to us whether they have been:

Yes	No	Convicted of any crime aga Convicted of crimes relating Found in any dependency a abused any minor Found by a court in a dome have physically abused any Found in any disciplinary be or developmentally disabled	es, please explain on back of inst children or other persons to financial exploitation if the action to have sexually assaurations matter to have so minor pard final decision to have sed person or to have abused oction proceeding to have abused	s e victim was lted or expl sexually ass xually or ph r financially	oited any minor or to saulted or exploited a ysically abused or ex exploited any vulner	any minor or to xploited any mino rable adult; or
acknov employ	School i vledge a /ment is	rstand that my employment a s conditional, pending succes and agree that by this form, I h denied or terminated or if I a e Bear Creek School because	ssful completion of the Washi nave been notified of my right m denied the opportunity to v	ngton State to obtain a olunteer to	Patrol and/or FBI bacopy of the backgrous supervise, chaperon	ickground check. und check report i
Applica	<i>v<mark>alid dri</mark></i> ant signa	rstand that I must provide a co ver's license will not be prod ature: e:	cessed. Previously submitted	l copies of r		re not acceptable.
Дрисс	arit riarii	First	Middle		Last	
Driver's license #: Date of bir			Date of birth:	Maiden name:		
Home	address	:				
		Street		City	State	Zip

How long have you lived at this address? _____ If less than three years, please list previous address:

City

State

Instructions:

How long did you live at this address?

Previous address: ____

- 1. Lay this completed form on a flat surface
- 2. Place your driver's license in this box
- 3. With your phone, take a photo of the entire competed form including your driver's license (in this box)

Street

Parents, upload photo to the Volunteer Background Check Disclosure item on the health portal.

Employees, email photo to gcheever@tbcs.org

Zip