



FINGERPRINTING AND BACKGROUND CHECKS

Washington State law* requires school districts to complete a thorough background check, including fingerprinting, of anyone who may have regularly scheduled, unsupervised access to children.

In order to comply with this requirement, please follow the instructions below:

1. **If your staff will *not* be on site when school is in session** – Please complete the attached Background Compliance Statement.
2. **If your staff *may* be on site when school is in session:**
 - a. Schedule Appointment(s)
 - i. Have *one person* in your office send an email to creagle@fwps.org to schedule all appointments. Please *do not* have your staff send individual emails to schedule their own appointments.
 - b. Fingerprinting appointments
 - i. What to bring:
 1. Complete and bring the following forms to your appointment – ***Do not email these forms***
 - a. Vendor/Contractor Application Form – attached
 - b. Fingerprinting Information Form - attached
 2. Proof of ID – Driver’s License or Government Issued ID
 - ii. Cost: \$65 per person - Visa/MasterCard ONLY
 - iii. Where:

Federal Way Public Schools
Security Department
33330 8th Avenue South
Federal Way, WA 98003

Check in at the front desk and they can direct you to security

NOTE: Security clearance is valid for two (2) years. Contact Christina Reagle at (253)945-5964 with any questions.

* Please see RCW 28A.400.303, RCW 28A.400.330 and RCW 43.43.830-845 for clarification



BACKGROUND CHECK COMPLIANCE STATEMENT

*****Only complete this form if your company *will not* be on site when school is in session*****

Washington State law* requires school districts to complete a thorough background check, including fingerprinting, of anyone who may have regularly scheduled, unsupervised access to children.

Your company has indicated that your staff will have NO access to children as all work performed by your company and/or any subcontractors you may employ will occur:

- Outside of school hours
- During a scheduled school vacation/break
- Other: _____

If, at any time, this information changes, you are required to immediately notify Federal Way Public Schools in writing at the following email address:

creagle@fwps.org

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

Firm Name: _____

By: _____
Print Name

Date: _____

Signature

Title

Return this completed form to: creagle@fwps.org



FEDERAL WAY PUBLIC SCHOOLS

Vendor/Contractor Application

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT (RCW 43.43.830 THROUGH 43.43.845) FOR ANY AGENCY THAT PROVIDES SERVICES TO FEDERAL WAY PUBLIC SCHOOLS (FWPS). **TAKE COMPLETED FORM TO FWPS SECURITY DEPARTMENT.**

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN INTERESTED IN PROVIDING SERVICES TO FEDERAL WAY PUBLIC SCHOOLS. COMPLETING THIS FORM ALLOWS FWPS TO REQUEST CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. A COMPLETED APPLICATION INCLUDES A COPY OF THE APPLICANTS DRIVER'S LICENSE.

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

A. APPLICANT INFORMATION: (Please Print Clearly)

Applicant Name: _____
Last First Middle

Company Name: _____

Alias/Maiden Name: _____ Date of Birth: _____
Month/Day/Year

Race: _____ Sex: _____

Address: _____

City, State, Zip

Phone Number

As of this date, the applicant named above shows no evidence pursuant to RCW 43.43.830-43.43.845. Valid for 2 years from the date of the stamp.

FWPS USE ONLY

The information I have provided is correct.

Applicant Signature: _____

B. VENDOR/CONTRACTOR INTEREST

Please provide details of scope of work

C. REQUESTER INFORMATION

REQUESTER'S ADDRESS
Federal Way Public Schools
Attn: Human Resources
33330 8th Avenue South
Federal Way, WA 98003

