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. Schedule Appointment(s)
    a. Have *one person* in your office send an email to kho@fwps.org or call 253-945-2290 to schedule all appointments. Please *do not* have your staff send individual emails to schedule their own appointments.
2. Fingerprinting appointments
    a. *What to bring*:
        i. Complete and bring the following forms to your appointment **–** ***Do not email these forms***
            1. Vendor/Contractor Application Form – see below
            2. Fingerprinting Information Form – see below
        ii. Proof of ID – Driver's License or Government Issued ID
    b. *Cost:* $65 per person - Visa/MasterCard *ONLY*
    c. *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 PWContracting@fwps.org with any questions.

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

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

FINGERPRINTING INFORMATION FORM

Federal Way Public Schools
Department of Human Resources
33330 8th Avenue S.
Federal Wav WA 98003

LAST FIRST

MIDDLE

COMPLETE MAILING ADDRESS

STREET

CITY STATE ZIP

CITIZENSHIP

i.e., U.S.A.

DATE OF BIRTH

PLACE OF BIRTH

SPELL ENTIRE STATE ONLY

SEX

M/F

HEIGHT

FEET INCHES

WEIGHT

RACE CODE RACE

I = American Indian/Alaskan Native
A = Asian
B = Black or African American
W = Caucasian/White
P = Native Hawaiian or other Pacific Islander

Hispanics should enter race code which most closely represents the individual

EYE COLOR EYE

BLK = Black
BLU = Blue
BRO = Brown
GRY = Gray
GRN = Green
HAZ = Hazel
XXX = Unknown

HAIR COLOR HAIR

BLK = Black
BLN = Blond
BRO = Brown
GRY = Gray
RED = Red/Auburn
SDY = Sandy
WHI = White
XXX = Unknown

SOCIAL SECURITY NUMBER

LOCATION

Maintenance and Operations-Vendor

TELEPHONE NUMBER

COMPANY NAME

PLEASE READ AND SIGN

I understand that as a condition of employment with Federal Way Public Schools I am required to be fingerprinted as authorized in the 1992 passage of ESHB 2518 by the Washington State Legislature, and required by RCW 28A.400.303. I understand that my fingerprints will be submitted to the Washington State Patrol and the Federal Bureau of Investigation for the purpose of a criminal background check, and that if I believe the results are incomplete or inaccurate that I have the right to challenge the information. I also understand that I am being employed on a conditional basis pending completion of a satisfactory criminal background check.

SIGNATURE: DATE:

FINGERPRINTING IS MANDATORY