



CHILD/ADULT ABUSE DISCLOSURE STATEMENT AND APPLICATION

I, _____, give Skyline Health permission to conduct a Washington State Patrol Criminal History Background Check on me. I understand that the completion of this form is not an offer or guarantee of employment, but rather a part of the standard process by which Skyline Hospital screens potential applicants. Further, this form shall serve as notice that Skyline Hospital will be conducting a background check upon its receipt in the Human Resources Office.

This disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury. This disclosure sheet shall specify all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

(Applicant's Signature)

(Date)

	Yes	No
Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult		
Have you ever been convicted of crimes related to drugs as defined by RCW 43.43.830		
Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?		
Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?		
Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?		
Have you ever had findings made against you in any civil adjudicative proceedings?		
Have you ever had both a conviction and findings made against you?		
Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?		
Have you ever been convicted of any crime?		

Full Legal Name:			
Previous Names Used:			
Date of Birth:	Sex:	Race:	Soc. Security No. (Optional)
Mailing Address:			
Physical Address:			

Please return this completed form to Skyline Health Human Resources Department, PO Box 99, White Salmon, WA. 98672
Fax: 509.493.5114.

Background checks results will be made available to you within 10 days of the report being run. Please contact the Human Resources office for details: 509.637.2923 or 509.637.2924.