



Human Resources
 516 High Street, MS 9054
 Bellingham, WA 98225-5996
 Phone: (360) 650-3774
 Fax: (360) 650-2810

Criminal Conviction Verification

Criminal conviction records are reviewed as they relate to the content and nature of work, the safety and security of the campus community and University property. A conviction does not necessarily disqualify a person and information will only be disclosed to appropriate staff on a need to know basis. Washington State Child and Adult Abuse Information Law permits employers to ask applicants to disclose specific information about any convictions for crimes against persons and findings in related actions or proceedings. This information, if applicable, must be disclosed by an applicant. For questions, please call (360)650-3774.

POSITION INFORMATION (Please Print)						
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		<input type="checkbox"/> Volunteer <input type="checkbox"/> Student Employee		<input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Other: _____		
Position Title:		Department:		Supervisor:		
IDENTIFICATION INFORMATION (Please Print)						
First Name:		Middle Name:		Last Name:		
Alias(es)/"also known as":		Date of Birth (Month/Day/Year):		Phone:		E-mail:
Driver's License or ID#:		State of Issue:		Full Address (Address, City, State, Zip Code):		
Have you been a Washington State Resident for the past 3 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, please provide Social Security Number:
If no, please list below your places of residences during the past 3 years:						
State/Country: _____		State/Country: _____		State/Country: _____		
County/Province: _____		County/Province: _____		County/Province: _____		
Dates (Month/Year): _____		Dates (Month/Year): _____		Dates(Month/Year): _____		
CONVICTION INFORMATION (Please Print)						
Have you ever been convicted of a felony?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the information below (include additional sheets if necessary):						
Offense:	Offense Date (Month/Day/Year):	Disposition:	Disposition Date (Month/Day/Year):	Country	City/County	State
Name offense committed under (if different than current name)		First Name:		Middle Name:		Last Name:

I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above stated information or application. I also understand that any job offer or subsequent employment is conditional based upon receipt of a criminal conviction report satisfactory to the University. I hereby release WWU and any law enforcement agency from liability or damage that may result from furnishing the information requested. I attest the information I have provided is true under penalty of perjury of the laws of the State of Washington.

Signature:	Date:
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