



Washington State Department of

**Early Learning**

**Background Check Form**

Read the attached instructions before completing this form.

Section 1: Completed by local DEL office

DEL local office address	DEL ID #	BCCU ID #
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Section 2: All information is required, to be completed by provider.

1a. Child care license ID # if you already have a license. (located on license-top left side)	1b. Name and address of child care provider
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Section 3: Applicant information completed by person to be checked

2. Social security number (optional)	3. Date of birth (MM/DD/YYYY)	4. Current phone number
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Print your complete last name(s) (write none if none)

5a. Current last name	5b. Current first name	5c. Current middle name
6a. Birth last name: ( write "same" if same as current name)	6b. Birth first name ( write "same" if same as current name)	6c. Birth middle name ( write "same" if same as current name)

7a. Print other last names you have been known by

7b. Print your nicknames and other names you have been known by. If none, write none.

8. Current driver's license or state identification number

8a. Driver's license number	8b. Name of state
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9. Addresses for the last seven years

9a. Current address:

Street	City	State	Zip code	County
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9b. Previous address

Street	City	State	Zip code	County
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9c.

Street	City	State	Zip code	County
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9d.

Street	City	State	Zip code	County
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9e.

Street	City	State	Zip code	County
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9f.

Street	City	State	Zip code	County
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### Instruction Sheet for filling out the Background Check Form

- You must completely fill in all boxes on this form as instructed. Read the instruction for each section and each box.
  - You must fill in each box with an answer. You can use the answer, “no”, “not applicable (N/A) or “none”.
  - Your form may be sent back to you if you answer with, “unknown” or use a question mark as an answer.
  - Read each question carefully and fill out the form with an answer in every box.
  - Return this form to: *(DEL Local Office)*
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- If fingerprints are required, this form must be submitted with the completed fingerprint packet.
  - Some common reasons for background check forms being returned to the requester:
    - The wrong form is used.
    - Some boxes are not filled in
    - It is hard to read the handwriting.
    - A person under the age of 18 signs the form without a parent or guardian also signing.
    - The form was signed and dated more than three months from the date DEL received the form.

Section 2: This section is completed by the licensee requesting this background check.

- 1a. Put your license control ID number in this box. This number is located on the upper left side of the license. If you are applying to be a licensed for the first time, skip to 1b.
- 1b. Fill in your name and address as it is or will be listed on your license.

Section 3: Fill out this section if you are the person we are checking.

2. You may put your social security number (SSN) in this box. Your SSN is not required to conduct a background check.
3. Fill in your date of birth.
4. Fill in your telephone number. If you do not have a telephone number, you can answer, “none.”
- 5 a-c. Put your whole name. If you do not have a name to put in this box, you can answer, “none.”
6. Put your whole birth name. You can answer, “same” if any of your names are the same as the names you put in box 5a.
- 7a. Put last names you have used or have been known by. Put none if you have not used or been known by any other last names.
- 7b. List any nicknames you have used. Answer “none” if you have not used any nicknames.
- 8a. Put your driver’s license or state identification number in the box.
- 8b. Put the name of the state in the box. If you do not have a driver’s license or state identification number put “none.”
- 9a. Fill in the address where you live now.
- 9b-f. Fill in all the addresses where you previously lived in the last seven years.
10. Put the number of years and months you have lived in WA without living in another state or country. If you have moved out of WA to another state or country, start counting the years and months from the date you moved back to WA. You must submit fingerprints if you have lived in WA for less than three years, you may request fingerprint cards from your local DEL office.
11. Indicate if you have previously completed fingerprints for DEL within the last three years.
12. Answer yes or no. If your answer is “yes” to a. or b. fill in your conviction and pending charge information.
13. Answer yes or no.
14. Answer yes or no.
15. Answer yes or no. Answer “yes” if the protection order lasted longer than 30 days and it was for the protection of a vulnerable adult, juvenile or child.
16. Read the statement in this box. Your signature in box 20 means you have read and agree to the statements in number 19. This background authorization form does not take the place of a public disclosure request for records about a founded finding. Founded finding means a state agency has taken a legal action against someone after an investigation and you were notified of the decision regarding abuse, sexual abuse, neglect, abandonment or exploitation or financial exploitation of a vulnerable adult, juvenile or child.
17. Sign your name here.
18. If you are not 18 years old yet your parent or guardian must also sign this form.
19. Fill in the date you signed this form.