# Background Check Form

Read the attached instructions before completing this form.

## Section 1: Completed by local DEL office

<table>
<thead>
<tr>
<th>DEL local office address</th>
<th>DEL ID #</th>
<th>BCCU ID #</th>
</tr>
</thead>
</table>

## 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

## 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

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

9. Addresses for the last seven years

9a. Current address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>County</th>
</tr>
</thead>
</table>

9b. Previous address

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>County</th>
</tr>
</thead>
</table>

9c.

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>County</th>
</tr>
</thead>
</table>

9d.

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>County</th>
</tr>
</thead>
</table>

9e.

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>County</th>
</tr>
</thead>
</table>

9f.

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
<th>County</th>
</tr>
</thead>
</table>

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10. List present number of consecutive years and months you have lived in WA state: _____ Years _____ Months
If you have lived in WA state for less than three years you must submit fingerprints.

11. Fingerprints: Have you completed fingerprints for the Department of Early Learning within the last three years?
   □ Yes □ No

12a. Have you been convicted of any crime? If yes, fill in the blanks below, Add a page if you need more room. □ Yes □ No
    Felony and gross misdemeanor crimes: ____________________________ Conviction date: _____
    Degree: _____ State: _____

12b. Do you have charges pending against you for any crime?
    If yes, fill in the blanks below, add a page if you need more room……………………………………… □ Yes □ No
    Felony and gross misdemeanor crimes: ____________________________ Degree: _____ State: _____

13. Have you ever received a notice from a court or state agency stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or adult?……………………………………………………………………………… □ Yes □ No

14. Has a court or state agency ever denied you a contract or license; terminated, revoked or suspended your contract or license or have you ever given up your contract or license because a court or agency was taking action against you? □ Yes □ No

15. Has a court ever written an order of protection or a restraining order lasting more than 30 days against you for abuse, neglect, financial exploitation, domestic violence, or abandonment of a vulnerable adult, juvenile, or child? □ Yes □ No

16. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable children. My signature in box number 17 means:

   • I give DEL permission to check my background with any governmental entity and law enforcement agency.
   • If a founded finding is identified, I give DEL permission to give only my name and that a founded finding was identified to any persons or entities in Section 2.
   • I give DEL permission to give all my other background information to the persons or entities named in Section 2.

This permission is good for 90 days from the date signed. I can change my mind about this permission in writing at any time.

17. Your signature

18. Your parent or guardian’s signature if you are under the age of 18 years old

19. Today’s date

Section 4: For use by DEL staff only
CAMIS files checked by on date □ No information found □ Information available

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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)

- 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.

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