

# Arlington Christian School

## Criminal Background Check Form

Dear Applicant,

In pursuant of the Washington State Criminal History Information Child/Adult Abuse information Act, RCW 43.43.830 through 43.43.845, Arlington Christian School intends to request a Criminal Background Check on all potential staff, teachers, coach's, volunteers and all regular service vendors who will have access to children. Please read all statements, fill in all statements and fill in all requested information. A copy of the results of this check will be made available to you, upon your request, once they are received from the Washington State Patrol.

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Have you ever been:

- Convicted of any crime against children or other persons? Yes\_\_ No\_\_
- Convicted of crimes relating to financial exploitation if the victim was a minor? Yes\_\_ No\_\_
- Convicted of crimes related to drugs as defined in RCW 43.43.830? Yes\_\_ No\_\_
- Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or physically abused any minor? Yes\_\_ No\_\_
- Found in a court domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes\_\_ No\_\_
- Found in any disciplinary board final decision to have abused or financially exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? Yes\_\_ No\_\_

If yes, to any statement please explain \_\_\_\_\_

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**I swear under penalty of perjury that these statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Driver's License / State

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

*This information is requested by Arlington Christian School for the sole use of Arlington Christian School.*