



Human Resources
 Humanities 203 – MS 9054
 516 High Street, Bellingham, WA 98225
 (360)650-3774 – Fax (360)650-2810
hr@wwu.edu

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.

<input type="checkbox"/> Student Employee <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Volunteer	Position/Title: _____ Department: _____ Supervisor: _____ My position involves working with minors and/or handling money <input type="checkbox"/> yes <input type="checkbox"/> no
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Western ID#		Date of Birth (mm/dd/yyyy)	
Last Name (legal)		Social Security Number	
First Name (legal)		Email	
Middle Name (n/a if none)		Phone Number	
Alias (other names used)		Current Address (no PO Boxes)	

Have you ever been convicted of a felony? If yes, please include details such as offense, date, disposition, county, city, state, country	
Have you ever had monetary penalties imposed on you relating to Medicare, Medicaid or any other state or federal health care program and/or have you ever been excluded from providing services or supplies under Medicare, Medicaid and/or other state or federal health care programs? If yes, please include details such as date, disposition, county, city, state, country	

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: _____