



Criminal History Disclosure Form

Social Security Number:

Date of Birth:

Name:

Please List Any Other Last Names You Have Been Known By (if none write None):

Please List Any Nicknames Names or Other First Names You Have Been Known By (if none write None):

Answer The Following Questions Truthfully. If You Need More Room Please Print Out This Form and Write On The Back.

Have You Ever Been Convicted Of, Or Do You Have Any Charges Pending For Any Crime?:

Yes

No

If "Yes", Give The Crime, State Where It Occured, And The Conviction Date Or Charge Status.

Have You Ever Been Found To Have Sexually Abused, Physically Abused, Neglected, Abandoned Or Exploited A Child Or Vulnerable Adult?

Yes

No

If "Yes", Please Explain:

Have You Ever Had A Contract And/Or License To Care For Children, Juveniles, Or Adults Denied, Terminated, Revoked, Relinquished Or Suspended?

Yes

No

If "Yes", Please Explain:

Has A Court Ever Issued An Order Of Protection Against You For Abuse, Neglect, Financial Exploitation, Domestic Violence, Or Abandonment?

Yes

No

If "Yes", Please Explain:

I understand that I am signing this statement under penalties of perjury. The above statements are true and complete to the best of my knowledge. I understand that a conviction may not necessarily disqualify me from employment with Spokane Addiction Recovery Centers. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as an employee, contractor or volunteer authorized to care for or as an individual with unsupervised access to vulnerable adults or children. I hereby authorize Spokane Addiction Recovery Centers to obtain background information including but not limited to a conviction criminal history check, licensing, and professional licensing from any state or federal agency including any law enforcement.

By Typing Your Name You Are Legally Signing This Document

Date

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