



Historical Society

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www.MarysvilleHistory.org

MARYSVILLE HISTORICAL SOCIETY DISCLOSURE STATEMENT

Print Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
E-mail: _____
Social Security Number: _____
Government ID: _____

INSERT B APPLICANT (1) DISCLOSURE STATEMENT Page 1 of 4 (Reference RCW 28A.400, RCW 3.43)
Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of your application or this questionnaire can be grounds for denial of employment or continued employment with the district(s) to which you have applied.

➤ ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER.

Print Name: _____

INSERT B

APPLICANT DISCLOSURE STATEMENT

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CRIMINAL HISTORY DISCLOSURE

1. Are you presently charged with, but not convicted of, a crime? (Exclude civil infractions, such as minor traffic citations.) No Yes **If yes, attach an explanation of the nature of the charge, place, date, and court. A pending criminal charge will not necessarily bar you from Marysville Historical Society employment..**

2. Have you ever been convicted of a crime? (The term “convicted” means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude civil infractions, such as minor traffic citations.) No Yes **If yes, attach an explanation of the nature of the crime, place, date, and court. A conviction record will not necessarily bar you from Marysville Historical Society employment.**

3. (A) **CHECK ANY OF THE FOLLOWING FOR WHICH YOU HAVE BEEN CONVICTED, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED: (See above for definition of “convicted”).**

- | | | |
|---|---|---|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> First, Second, or Third Degree Child Molestation | <input type="checkbox"/> First or Second Degree Manslaughter |
| <input type="checkbox"/> First, Second, or Third Degree Assault of a Child | <input type="checkbox"/> First or Second Degree Sexual Misconduct with Minor(s) | <input type="checkbox"/> First, Second, or Third Degree Rape |
| <input type="checkbox"/> First, Second, or Third Degree Assault | <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> First or Second Degree Robbery |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> Selling or Distributing Erotic Material to Minor(s) | <input type="checkbox"/> Indecent Liberties |
| <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> Felony Indecent Exposure |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Communication with a Minor for Immoral Purposes | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> First, Second, or Third Degree Rape of a Child | <input type="checkbox"/> First Degree Arson | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> First Degree Burglary | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 | <input type="checkbox"/> Aggravated Murder | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> Violation of Child Abuse Restraining Order | <input type="checkbox"/> First or Second Degree Murder | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> First or Second Degree Extortion | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> First or Second Degree Kidnapping | <input type="checkbox"/> Endangerment With a Controlled Substance | <input type="checkbox"/> First Degree Promoting Prostitution |
| | | <input type="checkbox"/> Prostitution |
| | | <input type="checkbox"/> First or Second Degree Custodial Sexual Misconduct |

4. (B) **CHECK HERE IF YOU HAVE NOT BEEN CONVICTED OF ANY OF THE ABOVE, INCLUDING ANY OF THESE CRIMES AS THEY MAY HAVE BEEN RENAMED.**

Print Name: _____

INSERT B

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5. Have you ever been (a) found by a court in a protection proceeding under Chapter 74.34 to have abused or financially exploited a vulnerable adult or (b) convicted of any of the following crimes where the victim was a vulnerable adult: (Vulnerable adult means adults of any age who lack the functional, mental, or physical ability to care for themselves.)

- First, second, or third degree extortion
- First second or third degree theft
- First or second degree robbery
- Forgery
- Any of the foregoing crimes as they may have been renamed

ANSWER: NO YES IF YES, EXPLAIN BELOW.

6. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

ANSWER: NO YES IF YES, EXPLAIN BELOW.

7 Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abuse any minor?

ANSWER: NO YES IF YES, EXPLAIN BELOW.

8. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor, or to have physically abused any minor?

ANSWER: NO YES IF YES, EXPLAIN BELOW.

9. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

ANSWER: NO YES IF YES, EXPLAIN BELOW.

10. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 8 above? ANSWER: NO YES

Print Name: _____

INSERT B

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An inquiry may be made to the Washington State Patrol, a Federal, or other Law enforcement agency to verify your responses to the above inquiries. A copy of any response received pursuant to such inquiry will be made available to you upon request.

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that all the information I have provided in this application for employment and the supporting documents is true, complete and correct. I authorize the Marysville Historical Society to which I am applying to conduct a background investigation into my past employment, education, vocational, and other activities such as my credit and criminal background. To conduct this investigation, I authorize the Marysville Historical Society to obtain a consumer report or similar information regarding me to the extent necessary to evaluate my suitability for employment. I further agree that if an offer of employment is made to me, I will provide verification of my certification, education and experience. I understand and agree that false or misleading information, including omissions, in my application or interview(s) shall be sufficient cause for dismissal or refusal to hire. References and personal information that become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment that may be made to me is conditional and subject to the acceptable outcome of a criminal history background information check reporting; and the approval of the Marysville Historical Society.

Applicant, Print Name: _____

Applicant Signature: _____

Date and Place: _____

TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED.

I certify under penalty of perjury under the laws of the State of Washington that as of this date /____/____, a date on or after which I have been offered conditional employment with the hiring district, the foregoing remains true and correct. I understand that any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of my application or this questionnaire can be grounds for denial of employment or continued employment with the Marysville Historical Society.

Print Name: _____

Sign Name: _____

Witness, Print Name/Title: _____

Witness, Sign Name: _____

Date and Place: _____



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- \$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
 - For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- \$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
 - A full set of fingerprints on a fingerprint card is required for processing.
- \$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
 - Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name _____

Address _____

City State ZIP Code

Contact Phone Number () _____

Would you like your results e-mailed or mailed? (Please select only one)

- Mailed (It may take 7 to 14 business days for response, when mailed.)
- E-Mailed*

E-Mail Address _____

Password _____

(Password must be 8-15 characters)

* Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.