



BACKGROUND AUTHORIZATION

Read all instructions before completing this form- The form must be dated/signed

SECTION 1. Completed by the Department of Early Learning (DEL)

DEL Local Office Information	DEL Inquiry ID #
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SECTION 2. Information Required to be Completed by the Provider and Initialed by the Applicant PRINT ALL INFORMATION
Are you 13, 14 or 15 years of age? YES NO If you select YES, a non-criminal background check will be completed per WAC.

Name and facility address of child care provider	Provider ID # Leave blank if not currently licensed Applicant's Initials:
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Mailing address if different than above	Provider's email address
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Check the appropriate box that applies to the applicant **Employee or Household member** **Volunteer**

List additional facilities with the same owner that the applicant may also be cleared for - (multiple site facilities only)

Provider ID#	Provider ID#	Provider ID#	Provider ID#
Applicant's Initials: _____	Applicant's Initials: _____	Applicant's Initials: _____	Applicant's Initials: _____

SECTION 3. Applicant Information --(Completed by person to be checked)

Check this box if the applicant is ages 13, 14 or 15. A non-conviction criminal background check will be conducted.

1. Social Security Number (Optional)	2. Date of Birth (MM/DD/YYYY) (Required)	3. Current phone number (Required) (Write NONE if none) () -
4a. Print your current last name (Required) (Write NONE if none)	4b. Print your current first name (Required) (Write NONE if none)	4c. Print your current middle name (Required) (Write NONE if none)
5a. Birth last name (Write SAME if same as current name)	5b. Birth first name (Write SAME if same as current name)	5c. Birth middle name (Write SAME if same as current name)

6. (Required) Print your name exactly as listed on your State license or Identification card. Include other names you have used or been known by, including nicknames, aliases, other names, etc. List all combinations of names.

Last name(s)	First name(s) or nickname(s)	Middle names(s) or second name(s)

7a. Name of state where the current driver's license or state identification was issued (Write NONE if none)	7b. Current driver's license or state identification number (Write NONE if none) (For Washington State this must be 12 digits)
8a. In the last three years, have you lived outside of Washington State? Yes No	

8b. How many consecutive years and months have you lived in WA state?	Years	Months
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8c. In the last 3 years, have you completed a fingerprint check for Department of Early Learning or the Department of Social and Health Services (DSHS)? Yes Approximate date No

9. Print below your current address - Where you live now (REQUIRED)					
Street	City	State	Zip Code	From	Month Year
				To – Current date	

10. Print below the address where you lived before your current address if your current address is for less than 3 years Write NONE if you do not have a previous address

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STREET	City	State	Zip Code	From	Month	Year
				To	Month	Year
11. Have you been convicted of any crime or had any other disposition of criminal charges against you in any local, state, federal, military (either through judicial or non-judicial means), tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. (REQUIRED) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in the blanks below; add a page if you need more room.						
Crime:	Jurisdiction:	Decision:	Decision Date:			
Crime:	Jurisdiction:	Decision:	Decision Date:			
12. Do you have any criminal charges pending against you for any crime in any local, state, federal, military, tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. (REQUIRED) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in the blanks below; add a page if you need more room.						
Crime:	Jurisdiction:	Degree:	Charge Date:			
Crime:	Jurisdiction:	Degree:	Charge Date:			
In any local, state, federal, military, tribal or foreign jurisdiction: (REQUIRED)						
13. Have you ever received a notice or order from a court or government agency stating that you have or may have physically abused, sexually abused, neglected, abandoned, or exploited a child, juvenile or vulnerable adult <input type="checkbox"/> Yes <input type="checkbox"/> No						
14. Has a court ever issued a restraining order, an order of protection, no contact order, or similar order against you for physically abusing, sexually abusing, neglecting, abandoning, exploiting, harassing, or committing domestic violence against a child, juvenile or adult (including but not limited to a vulnerable adult)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
15. Has any court ever found you to be in violation of a restraining order, order of protection, or no contact order, or similar order?..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
16. Have you ever been disqualified based on a background check from having unsupervised access to children, juveniles or vulnerable adults? <input type="checkbox"/> Yes <input type="checkbox"/> No						
17. Has a government agency (including, but not limited to, a professional disciplinary board) ever notified you that an adverse finding or decision was made against you or that adverse action was taken against you: <ul style="list-style-type: none"> •.....With regard to a professional, business, or occupational license or certification. This includes, but is not limited to, the revocation, denial, and suspension of a license, the assessment of civil penalties, and/or restrictions on practice, to include being required to operate under the supervision of another person <input type="checkbox"/> Yes <input type="checkbox"/> No •.....With regard to a contract. This includes, but is not limited to the denial, termination, or suspension of a contract..... <input type="checkbox"/> Yes <input type="checkbox"/> No 						
18. Have you ever voluntarily surrendered a professional, business, occupational license or certification or a contract in lieu of adverse action by a court or government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No						
19. I declare under penalty of perjury under the laws of the State of Washington that all information provided on this form is true and correct. I understand that if the information I provided is determined not to be true and correct I may be charged with perjury, I may be disqualified from having unsupervised access to children in care, and, if I am a child care licensee, DEL may revoke my license or take other enforcement action against me. In addition, my signature in box 20 means: <ul style="list-style-type: none"> a) I give DEL and DSHS permission to check my background with any government entity, including but not limited to law enforcement agencies. b) I give any governmental entity, including but not limited to law enforcement agencies, permission to release to DEL and DSHS any background check information that DEL and DSHS requests. c) In the event my background check information becomes pertinent to an appeal of a background check disqualification or a licensing action, I give DEL and DSHS permission to release my background check information to an administrative law judge, and administrative law review judge, or to a court. d) I give DEL and DSHS permission to release my background check information as required by court order, the Public Disclosure Act, Chapter 42.56 RCW, or other laws pertaining to privacy, confidentiality, or the release of public records. e) I give DEL permission to give my background information to the person or entity named in Section 2. These permissions are not time-limited.						
20. Your Signature (REQUIRED)				21. Your Parent or Guardian's Signature (REQUIRED) If you are less than 18 years of age		
22. Please indicate where this form was signed (Example: Name of city or county)				23. Today's Date (REQUIRED) The form must be received by DEL within 90 days of this date.		

RETURN THE FORM TO THE LOCAL DEL OFFICE

INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND AUTHORIZATION FORM

READ the instructions before completing the form. You must fill in **ALL** boxes on this form as instructed. **ONLY** use dark blue or black ink pen. Most background authorization forms are sent back for the following reasons:

- The wrong form is used
- Some boxes are not filled in
- It is hard to read the handwriting
- A person under 18 signs the form without a parent or guardian signature
- The form is signed and dated more than three months from the date DEL received the form

If you make an error or need to change/update information, line through the error (**example**), then write in the correct information next to the error. Write your initials next to the change. **DO NOT** use "white out" or cover the error or write over the error. Only the applicant of the background check may make changes on the form.

Section #1. To be completed by the Department of Early Learning (DEL)

Section #2. To be completed by the Provider and Initialed by the applicant – the person who will have their background check completed.

The Provider number is the number found at the top left hand side of the license. It is your license control ID#. IT is **NOT** the SSPS provider number. If you are applying to be licensed for the first time, go to Section #3.

Section #3. To be completed by the person who will have their background check completed.

Name/ID Information - Questions 1 - 6

You MAY put your social security number (SSN) in this box. Your SSN is not required.

Enter your telephone number where you can be reached. Enter "**NONE**" if none.

Enter your current last name, first name, and middle name.

Enter your birth name.

Enter any other names you have been known by, including nicknames.

Enter "**NONE**" when it applies.

State ID Information and Address Information - Questions 7 - 10

Enter the name of the state in the box for your state identification.

Enter license/ID numbers/letters.

Living outside of Washington State includes attending school in another state but does not mean employment in another state.

Put the number of years and months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, you **MUST** start counting the years and months from the date you moved back to Washington State. This includes attending school in another state.

Please note that Washington State ID includes 12 characters.

Additional Background Information - Questions 11 – 19

You MUST answer YES or NO. If your answer is **YES** you **MUST** fill in your conviction information or pending charges. This includes:

- Crime - The name of the crime as listed on the conviction records
- Decision – Example: Guilty, probation...
- Degree – Example: Felony, misdemeanor...
- Jurisdiction – You must clearly identify what court system this crime was processed through.
- Example: WA superior court.
- Decision date: based on the conviction records what is the date of the conviction

Signature Information – Boxes 20 - 23

You MUST read the statement and sign your name under # 20. which means you have read and agree to the statements in number 19.

If you are **NOT** 18 years old, your parent or guardian **MUST** also sign here or provide proof of emancipation.

Fill in the location where you signed this form. Example: Name of city or county

Enter the date you signed the form.

Submit the form to the local DEL office.

RETURN THE FORM TO THE LOCAL DEL OFFICE