



# BACKGROUND CHECK FORM

Read the attached instructions before completing this form.

## SECTION 1. COMPLETED BY LOCAL Department of Early Learning (DEL) OFFICE

DEL Local Office Address	DEL ID #	BCCU ID #
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## SECTION 2. REQUIRED INFORMATION COMPLETED BY PROVIDER

1A. CHILD CARE LICENSE ID # <b>(REQUIRED IF YOU ALREADY HAVE A LICENSE)</b> (Located on license-top left side)	1B. NAME and ADDRESS OF CHILD CARE PROVIDER <b>(REQUIRED)</b>
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## SECTION 3. APPLICANT INFORMATION (COMPLETED BY PERSON TO BE CHECKED)

2. SOCIAL SECURITY NUMBER (Optional)	3. DATE OF BIRTH (MM/DD/YYYY) <b>(REQUIRED)</b>	4. CURRENT PHONE NUMBER <b>(REQUIRED)</b>
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### PRINT YOUR COMPLETE NAME(S) **(REQUIRED)**

5A. CURRENT LAST NAME (WRITE <u>NONE</u> IF NONE)	5B. CURRENT FIRST NAME (WRITE <u>NONE</u> IF NONE)	5C. CURRENT MIDDLE NAME (WRITE <u>NONE</u> IF NONE)
6A. BIRTH LAST NAME: ( WRITE <u>SAME</u> IF SAME AS CURRENT NAME)	6B. BIRTH FIRST NAME (WRITE <u>SAME</u> IF <u>SAME</u> AS CURRENT NAME)	6C. BIRTH MIDDLE NAME (WRITE <u>SAME</u> IF SAME AS CURRENT NAME)

7A. PRINT OTHER LAST NAMES YOU HAVE BEEN KNOWN BY (**WRITE NONE IF NONE**) **(REQUIRED)**:

7B. PRINT YOUR NICKNAMES AND OTHER NAMES YOU HAVE BEEN KNOWN BY (**WRITE NONE IF NONE**) **(REQUIRED)**:

### 8. CURRENT DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER **(REQUIRED)**

8A. Driver's License Number	8B. Name of State
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### 9. ADDRESSES FOR THE LAST SEVEN YEARS **(REQUIRED)**

9A. CURRENT ADDRESS (REQUIRED):

STREET	CITY	STATE	ZIP CODE	COUNTY
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9B. PREVIOUS ADDRESS (REQUIRED):

STREET	CITY	STATE	ZIP CODE	COUNTY
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9C. PREVIOUS ADDRESS (REQUIRED):

STREET	CITY	STATE	ZIP CODE	COUNTY
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9D. PREVIOUS ADDRESS (REQUIRED):

STREET	CITY	STATE	ZIP CODE	COUNTY
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9E. PREVIOUS ADDRESS (REQUIRED):

STREET	CITY	STATE	ZIP CODE	COUNTY
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9F. PREVIOUS ADDRESS (REQUIRED):

STREET	CITY	STATE	ZIP CODE	COUNTY
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10. List present number of consecutive years and months you have lived in Washington State **(REQUIRED)** : \_\_\_\_\_ Years \_\_\_\_\_ Months  
(If you have lived in WA state for less than three years you must submit fingerprints)

11. FINGERPRINTS - Have you completed **fingerprints** for **DEL** within the last three years? **(REQUIRED)**  Yes  No

12A. Have you been convicted of any crime? If yes, fill in the blanks below. Add a page if you need more room.  Yes  No

Felony and gross misdemeanor crimes: \_\_\_\_\_ Conviction date: \_\_\_\_\_  
Degree: \_\_\_\_\_ State: \_\_\_\_\_

12B. Do you have charges (pending) against you for any crime?  
If yes, fill in the blanks below. Add a page if you need more room.....  Yes  No

Felony and gross misdemeanor crimes: \_\_\_\_\_ Degree: \_\_\_\_\_ State: \_\_\_\_\_

13. Have you ever received a notice from a court or state agency stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or adult?.....  Yes  No

14. Has a court or state agency ever denied you a contract or license; terminated, revoked or suspended your contract or license; or have you ever given up your contract or license because a court or agency was taking action against you?  Yes  No

15. Has a court ever written an order of protection or a restraining order lasting more than 30 days against you for abuse, neglect, financial exploitation, domestic violence, or abandonment of a vulnerable adult, juvenile, or child?.....  Yes  No

16. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable children. My signature in box number 17 means:

- I give DEL permission to check my background with any governmental entity and law enforcement agency.
- If a founded finding is identified, I give DEL permission to give only my name and that a founded finding was identified to any persons or entities in Section 2.
- I give DEL permission to give all my other background information to the persons or entities named in Section 2.

This permission is good for 90 days from the date signed. I can change my mind about this permission in writing at any time.

17. YOUR SIGNATURE **(REQUIRED)**

18. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.

19. Today's Date **(REQUIRED)**

**SECTION 4. FOR USE BY DEL STAFF ONLY**

CAMIS files checked by \_\_\_\_\_ on date \_\_\_\_\_  No information found  Information available

## INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND CHECK FORM

You **MUST** fill in ALL boxes on this form as instructed. READ the instruction for each Section and each box.

You **MUST** put an answer in the box. You can put **NO**, **NOT APPLICABLE (N/A)**, or **NONE**.

**DO NOT** answer any question by putting **UNKNOWN** or a **QUESTION MARK** in the box. If you do, the form will be sent back.  
Read each question carefully.

You **MUST** put an answer in every box and return this form to: *(DEL Local Office)*

**If fingerprints are required this form must be submitted with the completed fingerprint packet.**

Most background authorization forms are sent back to the requester for the following reasons:

- \*Wrong form
- \*Blank Boxes
- \*Bad handwriting
- \*Person under 18 signs the form without a parent or guardian signature
- \*Date signed is older than three (3) months from the date DEL received the form

**SECTION 2: This section must be completed by the licensed provider requesting this background check.**

1A. **YOU (The Provider) MUST** put your license control ID number in this box. This number is located on the upper left side of the license. If you are applying to be a licensed child care provider skip to 1B

1B. **YOU (The Provider) MUST** complete this box. Fill in your name and address as it is or will be listed on your license.

**SECTION 3: You MUST fill out this section if you are the person we are checking.**

2. **You MAY** put your social security number (SSN) in this box. Your SSN is not required to conduct a background check.

3. **You MUST** fill in your date of birth.

4. **You MUST** fill in your telephone number. You **MUST** put **NONE** if you do not have a telephone number.

5 A-C **You MUST** put your whole name. If you do not have a name to put in this box, **you MUST** put **NONE**.  
**SEE EXAMPLE BELOW.**

EXAMPLE:

CURRENT LAST NAME  
*NONE*

CURRENT FIRST NAME  
*"Prince"*

CURRENT MIDDLE NAME  
*NONE*

6. **You MUST** put your whole birth name.

**You MUST** put **SAME** if any of your names are the same as the names you put in box 5A.

7A. **You MUST** put last names you have used or have been known by. **You MUST** put **NONE** if you have NOT used or been known by any other last names.

7B. **You MUST** put any nicknames you have used. **You MUST** put **NONE** if you have NOT used any nicknames.

8A. **You MUST** put your driver's license or state identification number in the box.

8B. **You MUST** put the name of the state in the box.

**You MUST** put **NONE** if you do not have a driver's license or state identification number.

9A. **You MUST** fill in the address where you live now.

9B-F. **You MUST** fill in the addresses where you previously lived during the last 7 years.

10. **You MUST** 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. **Note: You MUST** submit fingerprints if you have lived in Washington State for less than three years. Request Fingerprint cards from your local DEL office.

11. **You MUST** indicate if you have previously completed fingerprints for DEL or DCCEL within the last three years.

12. **You MUST** answer **YES** or **NO**. If your answer is **YES** to A. or B., **you MUST** fill in your conviction and pending charge information.

13. **You MUST** answer **YES** or **NO**.
14. **You MUST** answer **YES** or **NO**.
15. **You MUST** answer **YES** or **NO**. Put **YES** if the protection order lasted longer than 30 days and it was for the protection of a vulnerable adult, juvenile or child.
16. **You MUST** read the statement in this box. Your signature in box 20 means you have read and agree to the statements in number 19. This background authorization form does NOT take the place of a public disclosure request for records about a founded finding. Founded finding means a state agency has taken a legal action against someone after an investigation and you were notified of the decision regarding abuse, sexual abuse, neglect, abandonment or exploitation or financial exploitation of a vulnerable adult, juvenile or child.
17. **You MUST** sign your name here.
18. If you are **NOT** 18 years old yet you **MUST** also have **your parent or guardian** sign this form.
19. **You MUST** fill in the date you signed this form.