

CONVICTION / CRIMINAL HISTORY INFORMATION

This form must be completed to be considered for employment/volunteer membership.

When considering individuals for employment (both career and volunteer), conviction/criminal history records are reviewed as they relate to the content and nature of the work, and the safety and security of Fire District staff and the public. A conviction/criminal history does not necessarily disqualify an individual for employment/volunteer membership. Criminal history records will be verified through the Washington State Patrol; initial and/or continued employment or volunteer service may be subject to a satisfactory criminal conviction report. Applicants will be asked to sign a separate release form. Applicants who do not sign the release will be removed from consideration for employment/volunteer membership.

INSTRUCTIONS: Complete ALL sections and sign below. The information you provide will be used only as it relates to consideration for employment (paid and volunteer).

Name:	Social Security Number:
Position Applied for:	

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

Yes No If yes, check all that apply and describe in space below

- | | |
|---|---|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Assault, Custodial | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Assault, Simple | <input type="checkbox"/> Manslaughter |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Murder, Aggravated |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Patronizing a Juvenile Prostitute |
| <input type="checkbox"/> Child Abuse or Neglect | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Promoting Prostitution |
| <input type="checkbox"/> Child Molestation | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Communication with a Minor | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Criminal Abandonment | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Criminal Mistreatment | <input type="checkbox"/> Rape of a Child |
| <input type="checkbox"/> Custodial Interference | <input type="checkbox"/> Selling/Distribute Erotic Materials to a Minor |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Sexual Exploitation of a Minor |
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Sexual Misconduct with a Minor |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Indecent Exposure – Felony | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Vehicular Homicide |
| | <input type="checkbox"/> Violation of Child Abuse Restraining Order |

Explanation of Violation(s):

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD

INSTRUCTIONS:

PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH **\$10 MONEY ORDER, COMMERCIAL BUSINESS ACCOUNT CHECK or CASHIER CHECK**, (no personal checks), PAYABLE TO THE WASHINGTON STATE PATROL.

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. Subject may be advised of inquiry.

A SUBJECT INFORMATION: (Please provide as much information as possible in space below)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Drivers Lic. Number/State: _____ /

WSP USE ONLY

B REQUESTER INFORMATION:

DATE: _____
Mo. Day Yr. (print) Name/ Title of Requester

PHONE No. () _____
Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Littlerock Fire Rescue
10828 Littlerock Rd SW
Olympia WA 98512
