UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

CRIMINAL BACKGROUND AUTHORIZATION

Instructions for completing this form on reverse side.
Please print clearly and use BLACK INK.

Northwest Hospital Human Resources
Northgate Plaza
9709 Third Ave NE, Suite 509
Seattle, WA 98115
Phone: (206) 368-1785
Fax: (206) 368-1990

SECTION 1. AGENCY INFORMATION (COMPLETED BY CONTRACTOR)

1. NAME (TRADE NAME) OF HOSPITAL	2. THE LOCATION (STREET) ADDRESS
Northwest Hospital & Medical Center	**1550 N. 115th Street - Seattle, WA 98133**
3. TELEPHONE NUMBER (INCLUDE AREA CODE)	4. FAX NUMBER (INCLUDE AREA CODE)
(206) 368-1785	**(206) 368-1939**

SECTION 2. ALL QUESTION IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)

5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH / /	7. GENDER ☐ Male ☐ Female	8. RACE (OPTIONAL)

CURRENT LEGAL NAME	OTHER NAMES YOU HAVE BEEN KNOWN BY
9. LAST NAME	**12. BIRTH NAME** LAST FIRST FULL MIDDLE NAME / /
10. FIRST NAME	**13. OTHER MARRIED OR LEGAL NAME(S) (*OR WRITE NONE*)** LAST FIRST FULL MIDDLE NAME / /
11. FULL MIDDLE NAME (*OR WRITE NONE*)	**14. NICKNAME(S) / OTHER KNOWN NAME(S) (*OR WRITE NONE*)**

15. HOME ADDRESS

_____/_____/_____/_____/_____
ADDRESS APT/UNIT CITY STATE ZIP

	YES	NO
16. Have you **ever** been **convicted of**, or do you have **charges** pending for any crime? ..... If yes, give the crime, the conviction date or charge status and the state where it occurred. Note, this includes all convictions and charges	☐	☐
17. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? ..... If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.	☐	☐
18. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? .... If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.	☐	☐
19. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? .... If yes, give date, court, and the state where it occurred:	☐	☐

20. DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER	21. LENGTH OF TIME LIVED IN WASHINGTON STATE
Number: State:	YEARS: MONTHS:

22. I understand that this authorization form and the background check is the result of Washington State Laws and Regulations and if any of the information provided above is found to be false, it may result in the loss of my employment/contract.

I understand that I am signing this under penalty of perjury. By signing this form, I state that the information above is true and correct to the best of my knowledge. I understand untruthful or misleading answers, or deliberate omissions are cause for denial or immediate termination of my employment/contract. My signature below authorizes Northwest Hospital to obtain now and on a periodic basis conviction records from Washington State including **Washington State Patrol** and other states; and to obtain from Washington and other states licensing information and any determination or finding of abuse, neglect, exploitation or abandonment. I understand that the result of this background check(s) will be released to the agency, the facility or my employer/contractor named above. I understand I may contact Northwest Hospital to receive a copy of my WSP record, ten (10) days after signing this form.

23. SIGNATURE OF PERSON TO HAVE BACKGROUND CHECK[i]	24. DATE

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

SECTION 2: To be completed by the applicant (person to be checked).

1. Completed by NWH
2. Completed by NWH
3. Completed by NWH
4. Completed by NWH
5. Required.
6. Required.
7. Required.
8. Optional.
9. Required. Must write NONE if none.
10. Required. Must write NONE if none.
11. Required. Must write NONE if none.
12. Required. Must include complete name at birth. If same as #9 through #11, must write SAME.
13. Required. Must list all married names used (male or female); must write NONE if none.
14. Required. Must list all nicknames used (male or female); must write NONE if none.
15. Required.
16. Required.
17. Required.
18. Required.
19. Required
20. Required. Must list drivers license number or state identification number; must write NONE if none.
21. Required. Indicate number of consecutive years and/or months lived in Washington State.
22. Read prior to moving to block #23.
23. Required signature of applicant.
24. Required. Date signed by applicant.