



# Criminal Background Check

**Staff Completion Instructions:** Please complete the following information in the red box below. Be sure to select the employee type (e.g., fully, partially, contractor, volunteer) and its subset (e.g., FTE, LTE, variable, seasonal, PT) and retirement plan (e.g., PERS, MEBT 2) if applicable.

<b>Staff Requesting Search:</b> kupal		<b>Program Area:</b> Parks NR	
<b>Employee Type:</b>	<input type="checkbox"/> Fully Benefited Employee	<input type="checkbox"/> Partially Benefited Employee	<input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Volunteer
	<input type="checkbox"/> FTE	<input type="checkbox"/> Variable	<input type="checkbox"/> / Instructor
	<input type="checkbox"/> LTE	<input type="checkbox"/> Seasonal	<b>AND</b> Retirement Plan
	<input type="checkbox"/> Part-time	<input type="checkbox"/> PERS	<input type="checkbox"/> MEBT 2
<b>NEOGOV Requisition #</b> (if applicable):		<b>Hire Status:</b> <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input checked="" type="checkbox"/> N/A	

**Applicant Completion Instructions:** Please print all information:

**Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

**Gender:**  Male  Female **Race:**  Asian  Black  White  Hispanic  Other: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

**Driver's License:** \_\_\_\_\_  
(State) (Number) (Expiration date)

**Current Address:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (Years living here)

**Email address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
(Home) (Cell) (Business) (Fax)

**Previous Addresses:** Last 10 years

\_\_\_\_\_  
(Street) (City) (State) (Zip) (Years living here)

\_\_\_\_\_  
(Street) (City) (State) (Zip) (Years living here)

**Certification:** I hereby certify that all statements on the attached background check form are true, complete, and correct to the best of my knowledge and belief. I understand that the City of Bellevue solicits this information and may solicit additional information so as to be informed of my previous record and character. I further understand and agree that any misrepresentation, falsification, or omission of facts by me may result in my disqualification from City for volunteering and employment or an adverse employment action, up to and including my release or dismissal from City Employment.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (for applicants under 18) Date



# Criminal Background Check Policy

## Employee/Applicant Release and Disclosure Form

**Disclosure:** Criminal background checks are required for certain sensitive positions with the City such as positions assigned to: (1) work with or around vulnerable adults and children, (2) functions that are directly or indirectly involved with the receipting, depositing and disbursement of funds, and/or (3) have access to information affecting national security, trade secrets, confidential or proprietary business information. The City of Bellevue will procure a criminal background check on you in connection with your employment or volunteer application that will provide the criminal background check. A consumer reporting agency, will obtain the report for the City. The report will include such information as criminal convictions, and crimes against vulnerable adults and children. The information contained in the report will be obtained from public record sources including sources identified by you in your application. If the background check reveals a criminal conviction or other information relevant to the position you are under consideration for, it may disqualify you from holding that position.

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**Acknowledgments:** I understand that I am required to furnish the attached information for the City's use in determining my qualifications for a position which has been classified as sensitive by the City of Bellevue. I understand that the information requested below is for the purpose of conducting the criminal background check and will not be used to discriminate against me in violation of the law. City policy and federal and state law authorize the maintenance of this information. Furnishing all information on the attached form in **mandatory** – failure to provide such information may result in determination that I am ineligible for the position. The City official responsible for maintaining this information on the attached form is the Director of Human Resources.

To the greatest extent permitted by law, I hereby expressly waive any requirement that I be provided prior or contemporaneous notice (either oral or written) of the agency's information or documents about me to the City. I further understand that if the City uses the consumer report consisting of a criminal background check in a negative way, such as by denying me the position, in whole or in part, because of the report, I will be provided with notice of the decision, the name, address, and telephone number of the consumer reporting agency, and will have the right to obtain a copy of the report and dispute its accuracy and completeness. I further understand the City has 10 days following the receipt of any conviction record to notify me of the record, and the record is to be made available to me.

I also understand and agree that the results of my background check may be the basis for disqualifying me from a sensitive position with the City of Bellevue. I further agree and understand that future criminal behavior by me may be considered in a review of employment or volunteer status by the City of Bellevue.

**Authorization:** I authorize the City of Bellevue or its agent to conduct a criminal background check prior to placement in a sensitive position. I understand that a criminal record does not necessarily eliminate a candidate from a sensitive position with the City of Bellevue. Each criminal background will be reviewed with respect to the nature and seriousness of any offenses in relation to the position for which a candidate has applied. I agree that a photocopy of this Authorization may be accepted by an law enforcement agency in the same manner as the original.

**Release:** I hereby release, discharge and exonerate any person, agency or entity supplying information and documents about me to the City pursuant to the above Authorization from any and all liability of every nature and kind to the extent permitted by law arising out of the furnishing of such information and documents. I understand that the City has sole authority to designate which positions or responsibilities require background checks. I further release the City of Bellevue and its elected officials, employees, representatives and agents from all liability or responsibility for all lawful actions associated with the conducting a criminal background check.