



Washington State Department of

Early Learning

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

Tacoma DEL Office
1949 S State WT-14
Tacoma, WA 98405

DEL ID #

11003807

BCCU ID #

SECTION 2. REQUIRED INFORMATION COMPLETED BY PROVIDER

1A. CHILD CARE LICENSE ID #
(REQUIRED IF YOU ALREADY HAVE A
LICENSE)

(Located on license-top left side)

1B. NAME and ADDRESS OF CHILD CARE PROVIDER (REQUIRED)

SECTION 3. APPLICANT INFORMATION (COMPLETED BY PERSON TO BE CHECKED)

2. SOCIAL SECURITY NUMBER

3. DATE OF BIRTH (MM/DD/YYYY) (REQUIRED)

4. CURRENT PHONE NUMBER (REQUIRED)

PRINT YOUR COMPLETE NAME(S) (REQUIRED)

5A. CURRENT LAST NAME (WRITE NONE
IF NONE)

5B. CURRENT FIRST NAME (WRITE NONE
IF NONE)

5C. CURRENT MIDDLE NAME (WRITE NONE IF
NONE)

6A. BIRTH LAST NAME: (WRITE SAME IF
SAME AS CURRENT NAME)

6B. BIRTH FIRST NAME (WRITE SAME IF
SAME AS CURRENT NAME)

6C. BIRTH MIDDLE NAME (WRITE SAME 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

9. ADDRESSES FOR THE LAST SEVEN YEARS (REQUIRED)

9A. CURRENT ADDRESS (REQUIRED):

STREET CITY STATE ZIP CODE COUNTY

9B. PREVIOUS ADDRESS (REQUIRED):

STREET CITY STATE ZIP CODE COUNTY

9C. PREVIOUS ADDRESS (REQUIRED):

STREET CITY STATE ZIP CODE COUNTY

9D. PREVIOUS ADDRESS (REQUIRED):

STREET CITY STATE ZIP CODE COUNTY

9E. PREVIOUS ADDRESS (REQUIRED):

STREET CITY STATE ZIP CODE COUNTY

9F. PREVIOUS ADDRESS (REQUIRED):

STREET CITY STATE ZIP CODE COUNTY

10. List present number of consecutive years and months you have lived in Washington State (REQUIRED): _____ Years _____ Months

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