



Thurston County Council on Aging Notice/Authorization of Criminal Background Check

In compliance with Washington Administrative Code (WAC) 388-06-0130, background checks must be conducted on prospective employees and volunteers who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons or vulnerable adults consistent with RCW 43.43.830-43.43.845.

The purpose of this Notice/Authorization is to notify you that the Thurston County Council on Aging will be conducting a criminal background check on you through the Washington State Patrol, and annually thereafter for those staff/volunteers listed above. This Notice shall remain in effect for the duration of your employment/volunteer assignment with the Thurston County Council on Aging. Please note that a conviction may not necessarily disqualify an applicant or cause termination of an employee or volunteer.

You are entitled to, and the Thurston County Council on Aging shall provide you with a copy of any findings from this investigation through the WA State Patrol at your request.

Please print carefully and legibly

Last Name	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Gender	Preferred Gender Pronoun (he/she/they/zi/other)

Have you ever been convicted of a felony or gross misdemeanor? Yes No
(Misdemeanor that resulted in imprisonment, probation or fine greater than \$500)

Have you ever been sanctioned or had your license suspended or revoked? Yes No
(Refers to a professional license; e.g., medical license, mental health license, etc.)

Authorization Disclosure

My signature authorizes the Thurston County Council on Aging to conduct this background check and certifies that I was notified of this investigation. I certify that the information I provide is true and correct, and that my application or employment/volunteer assignment will be terminated based on any false, omitted or fraudulent information.

Signature	Date