

Portable Background Check Application

DEL Fiscal Use Only	
DEL Field Staff: <u>Do not process this application without a receipt number.</u>	
Receipt Number:	Date Paid:
Payer:	Check Number:

Questions regarding Portable Background Check (PBC) applications should be directed to your local Department of Early Learning (DEL) licensing office. Contact information may be found at <http://www.del.wa.gov/about/contact.aspx> or calling Toll-free: 1.866.482.4325, option 2.

A PBC is required if you are applying to work, working, volunteering, or you are a household member at a DEL licensed or certified child care facility. **Only use this paper application if you do not have access to the internet. The fee to process a paper application is \$24.00.** See Section 10 of this form for cost benefits* and instructions for applying online.

- Each person applying for a PBC must have their own STARS ID. This form will serve to assign you a STARS ID if you do not have one already.
- Print clearly using blue or black ink.
- After you have completed the form, see Section 10 for payment options and mailing information.

SECTION 1: AGE REQUIREMENTS

Are you 13, 14, or 15 years of age? YES* NO *If you select **YES**, a non-criminal background check will be completed per Washington Administrative Code (WAC).

SECTION 2: APPLICANT INFORMATION

Legal Last Name (If none write "NONE")	Legal First Name (If none write "NONE")	Legal Middle Name (If none write "NONE")
Date of Birth (MM/DD/YYYY) ____/____/____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	STARS ID (may be 9 or 10 digits) Each person applying for a PBC <u>must</u> have their own STARS ID. _____
Contact Phone Number (____) _____ - _____	Alternate Phone Number (Optional) (____) _____ - _____	Email (optional) _____@_____._____
Social Security Number (Optional) ____ - ____ - _____	Name of state where the current driver's license or state identification (ID) was issued	Current driver's license or state ID number (for Washington State this entry must be 12 characters) _____

SECTION 3: APPLICANT OTHER NAMES

If the name on your current driver's license or state ID card and/or your birth name are different from the legal name you entered above, please list each below exactly as it appears on the card. List all name combinations you have used or been known by including nicknames and aliases. If you have only been known by your legal name, please check the box:

I have not been known by any other names or aliases.

Last Name(s)	First Name(s) or Nickname(s)	Middle Name(s)

SECTION 4: DEMOGRAPHIC DATA (Used for Statistical Purposes Only)

Ethnicity (optional): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race (optional) mark all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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Primary Language:

English Spanish Russian Vietnamese Ukrainian Somali Korean Tagalog Punjabi Cambodian
 Chinese (Cantonese) Arabic Samoan Chinese (Mandarin) Japanese Amharic Other: _____

Secondary Language (optional):

English Spanish Russian Vietnamese Ukrainian Somali Korean Tagalog Punjabi Cambodian
 Chinese (Cantonese) Arabic Samoan Chinese (Mandarin) Japanese Amharic Other: _____

SECTION 5: APPLICANT MAILING ADDRESS

Applicant's <u>Current Mailing Address</u> :				Apartment/ Unit #
City	State	Zip Code	County	Country

SECTION 6: APPLICANT PHYSICAL ADDRESS

1) How many consecutive years and months have you lived in Washington State? Enter the number of years and months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, you **MUST** start counting the years and months from the date you moved back to Washington State. This includes attending school in another state.
 ___ Years ___ Months

2) Please list your physical addresses(s) for the last **3 consecutive years**. Add a page if needed. Do not list "PO Box" addresses.

Current Physical Address (where you live now):		Apartment/ Unit #	From: (MM /YYYY) ___ / ___	To: (MM /YYYY) ___ / ___
City	State	Zip Code	County	Country
Previous Address (if applicable, where you lived previously):		Apartment/ Unit #	From: (MM /YYYY) ___ / ___	To: (MM /YYYY) ___ / ___
City	State	Zip Code	County	Country
Previous Address (if applicable, where you lived previously):		Apartment/ Unit #	From: (MM /YYYY) ___ / ___	To: (MM /YYYY) ___ / ___
City	State	Zip Code	County	Country

SECTION 7: CURRENT EMPLOYMENT INFORMATION

Employment in DEL Licensed or Certified Child Care Facilities: Please fill out all fields for the **Primary Provider** (facility) with whom you are applying to work, working, volunteering, or where you are a household member. Include information as it appears on the license. For assistance, use Child Care Check at www.del.wa.gov or contact your employer or DEL licensor. Use the licensee's name for family home child care.

<p align="center">Step 1: Facility Information</p> <p>Employment Start Date (MM/DD/YYYY): ___ / ___ / ___</p> <p>Provider ID Number (6 digits): ___ ___ ___ ___ ___</p> <p>Facility Name: _____</p> <p>Phone Number: () _____ - _____ ext _____</p> <p>Address: _____</p> <p>City _____ State _____ Zip Code _____</p>	<p align="center">Step 2: Facility Type (mark <u>one</u>)</p> <p><input type="checkbox"/> Child Care Center</p> <p><input type="checkbox"/> School-Age Center</p> <p><input type="checkbox"/> Family Child Care Home</p>	<p align="center">Step 3: Job Position (mark <u>one</u>)</p> <p><input type="checkbox"/> I am applying (not currently employed at a facility)</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Licensee</p> <p><input type="checkbox"/> Assistant Director</p> <p><input type="checkbox"/> Program Supervisor</p> <p><input type="checkbox"/> Site Coordinator</p> <p><input type="checkbox"/> Lead Teacher</p> <p><input type="checkbox"/> Lead Staff/Group Leader</p> <p><input type="checkbox"/> Primary Worker</p> <p><input type="checkbox"/> Assistant or Aide</p> <p><input type="checkbox"/> Volunteer</p> <p><input type="checkbox"/> Household Member</p> <p><input type="checkbox"/> Other</p>
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SECTION 8A: APPLICANT BACKGROUND INFORMATION

1) In the last three years, have you completed a fingerprint check for the Department of Early Learning (DEL) or the Department of Social and Health Services (DSHS)? YES
 NO

2) Have you been convicted of any crime or had any other disposition of criminal charges against you in any local, state, federal, military (either through judicial or non-judicial means), tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. YES
 NO
 If **YES**, fill in the fields below. Add a page if needed.

Crime	Jurisdiction	Decision	Decision Date
Crime	Jurisdiction	Decision	Decision Date

3) Do you have any criminal charges pending against you for any crime in any local, state, federal, military, tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. YES
 NO

If **YES**, fill in the fields below. Add a page if you need more room.

Crime	Jurisdiction	Degree	Charge Date
Crime	Jurisdiction	Degree	Charge Date

SECTION 8B: APPLICANT BACKGROUND INFORMATION
In any local, state, federal, military, tribal or foreign jurisdiction:

1. Have you ever received a notice or order from a court or government agency stating that you have or may have physically abused, sexually abused, neglected, abandoned, or exploited a child, juvenile or vulnerable adult?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has a court ever issued a restraining order, an order of protection, no contact order, or similar order against you for physically abusing, sexually abusing, neglecting, abandoning, exploiting, harassing, or committing domestic violence against a child, juvenile or adult (including but not limited to a vulnerable adult)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has any court ever found you to be in violation of a restraining order, order of protection, or no contact order, or similar order?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been disqualified based on a background check from having unsupervised access to children, juveniles or vulnerable adults?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has a government agency (including, but not limited to, a professional disciplinary board) ever notified you that an adverse finding or decision was made against you or that adverse action was taken against you:	
<ul style="list-style-type: none"> With regard to a professional, business, or occupational license or certification. This includes, but is not limited to, the revocation, denial, and suspension of a license, the assessment of civil penalties, and/or restrictions on practice, to include being required to operate under the supervision of another person? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> With regard to a contract. This includes, but is not limited to the denial, termination, or suspension of a contract. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever voluntarily surrendered a professional, business, occupational license or certification or a contract in lieu of adverse action by a court or government agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 9: STATEMENT OF UNDERSTANDING (Signature Required to Process Application)

I authorize the Department of Early Learning (DEL) to enter this information into the Managed Education and Registry Information Tool (MERIT), a secure system owned and operated by DEL, and this information will be used to create a MERIT record and assign a STARS ID (if I do not already have one). I understand that for the purposes of my MERIT professional record and STARS ID, information shared with DEL becomes public record and some information in public records is available to the general public upon request.

I declare under penalty of perjury under the laws of the State of Washington that all information provided on this form is true and correct. I understand that if the information I provided is determined not to be true and correct I may be charged with perjury, I may be disqualified from having unsupervised access to children in care, and, if I am a child care licensee, DEL may revoke my license or take other enforcement action against me.

In addition, my signature below means:

- I give DEL and DSHS permission to check my background with any government entity, including but not limited to law enforcement agencies.
- I give any governmental entity, including but not limited to law enforcement agencies, permission to release to DEL and DSHS any background check information that DEL and DSHS requests.
- In the event my background check information becomes pertinent to an appeal of a background check disqualification or a licensing action, I give DEL and DSHS permission to release my background check information to an administrative law judge, and administrative law review judge, or to a court.
- I give DEL and DSHS permission to release my background check information as required by court order, the Public Disclosure Act, Chapter 42.56 RCW, or other laws pertaining to privacy, confidentiality, or the release of public records.
- I give DEL permission to give my background information to the person or entity named in Section 7.
- These permissions are valid for three years from the date of signature and submission.

I understand I must report within twenty-four hours the following information about myself once I submit my background check, regardless of where the incident occurred:

- An arrest or pending charge against me.
- Allegations of child abuse or neglect.

Report this information to 1.866.ENDHARM (1.866.363.4276).

Signature (REQUIRED)	Today's Date (mm/dd/yyyy)	City or County where this form was signed
Parent or Guardian's Signature (REQUIRED if you are under 18 years of age)	Today's Date (mm/dd/yyyy)	City or County where this form was signed

SECTION 10: PAYMENT

- 1) In order to process your Portable Background Check (PBC) paper application you must pay a fee of **\$24.00**.*

*Save money and time by completing your PBC online. The fee to process an online application is only \$12.00 compared to \$24.00 for paper processing. To do this, go to merit.del.wa.gov and sign in to your MERIT professional record. You can also apply online for your STARS ID if you don't already have one. Next, go to the "Applications" tab and select the "Portable Background Check" application.

- 2) **DO NOT SEND CASH.** You may provide the payment by check, money order or cashier's check. Please write the applicant's name and **STARS ID** number on your check, if available. If you do not have a STARS ID, one will be assigned to you. Unfortunately, credit card and electronic payments are not available at this time. **Please note: A \$25.00 fee will be assessed for a returned check for insufficient funds.

- 3) Make your payment payable to: **DEPARTMENT OF EARLY LEARNING**

- 4) Mail Payment and your PBC Application to:

DEPARTMENT OF EARLY LEARNING

ATTN: PBC

PO BOX 40971

Olympia, WA 98504-0971

- 5) **What type of payment are you submitting?**

Personal Check, Money Order or Cashier's Check: Check Number (required) # _____ Check Amount: \$ _____

OR

My employer has included a check: Employer Name (required): _____

Check Number (required) # _____ Check Amount: \$ _____

- 6) **Paying for more than one PBC with the same check?** If you are paying for more than one PBC application with the same check, you must include all PBC applications with the single payment in one envelope.