

**CONVICTION/CRIMINAL
 HISTORY INFORMATION**

Federal and State laws require the Fred Hutchinson Cancer Research Center (the "Center") to ask prospective employees and non-employees questions relating to criminal history and/or history of healthcare-related offenses. Please complete this form, providing as much detail as requested, before signing and dating the form where indicated. As a matter of policy, the Center submits disclosure forms to SterlingONE Talent Solutions for confirmation of the information disclosed here. As required by law, the Center also periodically monitors the Specially Designated Nationals ("SDN") and Blocked Persons listings. Questions about the use of conviction/criminal history information in the application process may be referred to Employee Services (206-667-4700).

Name (Last)	First	MI	Social Security Number
Maiden Name/Aliases			Date of Birth
Home Address		City, State	Zip/Postal Code

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:
 Have you ever been convicted of any of the crimes listed below?
 YES **NO**
 If **Yes**, please describe below:

<input type="checkbox"/> Arson (1 st degree) <input type="checkbox"/> Assault (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Assault of a Child (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple (4 th Degree) <input type="checkbox"/> Burglary (1 st Degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse or Neglect <input type="checkbox"/> Child Buying or Selling	<input type="checkbox"/> Child Molestation (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1 st /2 nd Degree) <input type="checkbox"/> Custodial Interference (1 st /2 nd Degree) <input type="checkbox"/> Extortion (1 st /2 nd /3 rd Degree)	<input type="checkbox"/> Forgery or related crimes <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure-Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1 st /2 nd Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1 st /2 nd Degree) <input type="checkbox"/> Murder (1 st /2 nd Degree)	<input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography <input type="checkbox"/> Promoting Prostitution (1 st Degree) <input type="checkbox"/> Prostitution <input type="checkbox"/> Rape (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Rape of a Child (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Robbery or related crimes (1 st /2 nd Degree)	<input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft or related crimes (1 st /2 nd /3 rd Degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse <input type="checkbox"/> Restraining Order
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2. DRUG-RELATED CRIMES
 Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?
 YES **NO**

3. RELATED PROCEEDINGS
 Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?
 YES **NO**

4. HEALTHCARE-RELATED OFFENSES
 Are you currently excluded from providing services in any federally funded healthcare program including Medicare or Medicaid?
 YES **NO**
 Are you currently being investigated in any matter that could lead to exclusion from any federally funding healthcare program including Medicare or Medicaid?
 YES **NO**
 Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federally funded healthcare program?
 YES **NO**

5. GENERAL CONVICTION INFORMATON:
 Aside from those crimes listed above, within the past 10 years have you ever been convicted of any other crimes, excluding parking tickets/minor traffic citations?
 YES **NO**
 If **Yes**, indicated all conviction dates, prison release date(s) and the nature of the offense(s) and the nature of the offense(s).

You will not be considered for employment if you do not complete and sign this form

I declare under penalty of perjury pursuant to the laws of the State of Washington that the information I have provided is true and correct to the best of my knowledge. I authorize the Center to make inquiries regarding my criminal conviction history. I understand that any job offer or subsequent employment may be condition on the Center's receipt of a satisfactory Criminal Conviction Report from SterlingONE Talent Solutions. In accordance with the Fair Credit Reporting Act, I voluntarily and knowingly authorize any present or past employer or supervisor, college or University or other institution of learning, administrator, law enforcement agency, state agency, local agency, federal agency, private business, personal reference, and/or other persons to give records or information they may have concerning my criminal history, motor vehicle history, character, and employment (including reasons for termination) or any other information requested by SterlingONE Talent Solutions deemed pertinent. I authorize the Center and/ or SterlingONE Talent Solutions to make inquiries regarding my background.

Signature: _____ **Date:** _____ **City, State:** _____