



SEXUAL MISCONDUCT AND INSTITUTIONAL EMPLOYMENT/SERVICE DISCLOSURE

PART 1 - To be completed prior to appointment

Print Full Name: _____

Federal Prison Rape Elimination Act (PREA) standards require that the Department of Corrections seek disclosure of sexual misconduct from prospective employees, contract staff, and at the time of hire and whenever an employee is considered for promotion.

It is also necessary that all Department of Corrections employees, contract staff, volunteers, and prospective personnel be carefully screened prior to appointment. This includes a review of all prior employment/service with employers that house or provide services to offenders, youths, vulnerable persons, or others in an **institutional setting** such as prison, jail, lockup, community confinement facility, juvenile facility, or other facility as defined under 42 USC 1997 (i.e., facility for the mentally, physically, intellectually disabled; residential care or treatment facility for juveniles; facility that provides skilled nursing, intermediate or long-term care, or custodial or residential care).

AN INSTITUTION IS: any facility or institution which is owned, operated, managed by, or provides services on behalf of the State, Federal Government, or political subdivision of a State (i.e., county, city, or town).

Please note - An "institutional setting" does not include employment in privately-owned and operated facilities such as nursing homes, where the sole connection to the State is a state license to operate the establishment unless state and/or federal government agencies contract with the facility or its parent company to house offenders.

SEXUAL MISCONDUCT DISCLOSURE

Have you ever engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or institutional setting (as defined above)? No Yes

Have you ever been civilly or administratively adjudicated (there was a formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting? No Yes

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? No Yes

Have you been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment? No Yes

Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above? No Yes

If you answered YES to any of the above questions, please explain below or attach additional sheets/information if needed

Acknowledgment and Release

All answers and statements are true and complete to the best of my knowledge. I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

Signature: _____ Date: _____

PART 2 - To be completed by prospective employees, not required for current employees

INSTITUTIONAL EMPLOYMENT/SERVICE DISCLOSURE HISTORY

Have you ever been employed by or otherwise provided services on a contract or volunteer basis in an institutional setting as defined above?

No Yes - specify all (attach additional sheets/information if needed).

1. Facility Name	Location (City, State)	Start/End Date Mo/Yr	Facility Contact/Phone
2. Facility Name	Location (City, State)	Start/End Date Mo/Yr	Facility Contact/Phone
3. Facility Name	Location (City, State)	Start/End Date Mo/Yr	Facility Contact/Phone
4. Facility Name	Location (City, State)	Start/End Date Mo/Yr	Facility Contact/Phone

Acknowledgment and Release

All answers and statements are true and complete to the best of my knowledge. I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

Signature: _____ Date: _____

FOR EMPLOYER USE ONLY

(See [PREA-Institutional Employer Verification Job Aid](#) for detailed instructions)

Intro: <Candidates Name> has applied for a position with the Washington State Department of Corrections. Due to Prison Rape Elimination Act (PREA) requirements, our Department is required to conduct a review of all prior employment/service with employers such as yours.

Question 1: Are you aware of whether or not he/she engaged in any sexual abuse or sexual harassment while employed at your facility? If YES, please elaborate (e.g. outcomes, determinations, description of allegation).

Question 2: Are you aware of whether or not he/she resigned from your facility while under investigation of an allegation of sexual abuse or sexual harassment?

1. Facility Contact Name:	Contact Title:	Dates of Attempts:	Method(s) of Contact:
Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify	Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify		
Comments:	Comments:		
2. Facility Contact Name:	Contact Title:	Dates of Attempts:	Method(s) of Contact:
Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify	Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify		
Comments:	Comments:		
3. Facility Contact Name:	Contact Title:	Dates of Attempts:	Method(s) of Contact:
Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify	Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify		
Comments:	Comments:		
4. Facility Contact Name:	Contact Title:	Dates of Attempts:	Method(s) of Contact:
Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify	Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unable to verify		
Comments:	Comments:		

Review completed by:

Date: