



BPA Theatre School Background Check Authorization Form

Section 1. Required: Applicant Information (All sections completed by the applicant, the person receiving a background check)

1. REQUIRED: Legal name as it appears on your driver’s license or government issued photo ID

FIRST _____ MIDDLE _____ LAST _____

2. REQUIRED: Other alias/last names you have used

FIRST _____ MIDDLE _____ LAST _____

3. REQUIRED: Date of birth (MM/DD/YYYY) ____/____/____

4. REQUIRED: Phone number ____-____-____

5. Email address _____

By checking this box, I consent to and authorize BPA to email my confidential and sensitive background check information to the email address I have provided. By NOT checking this box, BPA will use the mailing address provided to send background check information.

6. Social security number _____

7A. REQUIRED: Valid driver’s license or state ID _____

7B. REQUIRED: Issuing state _____

8. REQUIRED: Have you lived in any other state (other than WA) or country in the last 3 years (36 months)? Yes No (please circle one)

9. REQUIRED: Mailing address where we can send confidential information

Street _____ Apt. no. _____

City _____ State _____ Zip code _____

10. REQUIRED: Address where you currently reside (write ‘same’ if the same as mailing address)

Street _____ Apt. no. _____

City _____ State _____ Zip code _____

Section 2. Required: Self-Disclosure Questions for ALL convictions and pending charges from any state or jurisdiction.

11A. Have you been convicted of any crime? If yes, complete section 3 on page 3

Yes No

11B. Do you have charges (pending) against you for any crime? If yes, complete section 4 on page 3

Yes No

12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult?

Yes No

13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults?

Yes No

14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child?

- Permanent vulnerable adult protection order / restraining order, either active or expired;
- Sexual assault protection order;
- Permanent civil anti-harassment protection order, either active or expired.

Yes No

I hereby declare that I am the person named above, and the information I have given on this form is accurate to the best of my knowledge. I understand that if I do not tell the whole truth on this form, I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children. By signing this form, I give BPA permission to check my background with any governmental entity and law enforcement agency. I understand that my background check result may prevent me from working/volunteering with BPA.

Signature

Printed Name

Date (MM/DD/YY)

List of Crimes and Pending Charges

This page MUST be attached to Pages 1 and 2 of the Background Check Authorization form if 11A or 11B are marked "Yes."

REQUIRED: Legal name as it appears on your driver's license or government issued photo ID

FIRST _____ MIDDLE _____ LAST _____

REQUIRED: Date of birth (MM/DD/YYYY) ____/____/____

Section 3. If you replied 'Yes' to question 11A, you must enter the crime name, degree (if any), state, conviction date, and crime information.

Crime name _____

Degree (if any) _____ Conviction date (MM/DD/YYYY) ____/____/____

Description of crime (required when crime is committed or convicted outside of Washington State)

(Continue on separate sheet if necessary)

Section 4. If you replied 'Yes' to question 11B, you must enter the PENDING charge name, degree (if any), state, and crime information.

Charge name _____

Degree (if any) _____ Charge date (MM/DD/YYYY) ____/____/____

Description of charge (required when crime is charged outside of Washington State)

(Continue on separate sheet if necessary)