

NORTHWEST REGIONAL COUNCIL

SELF-DISCLOSURE FORM FOR INTERPRETER SERVICES PROVIDERS

APPLICANT IDENTIFICATION:

Applicant Name(s)	Last Name	First Name	Middle Name(s)
Current			
Past/Maiden			
Other Name(s)			
Social Security Number:		Date of Birth:	

APPLICANT RESIDENCE(S):

Please list all locations where you have resided during the past five years. If you have not resided in Washington State continuously for the past five years, you will be required to procure an FBI background check or an equivalent from any state where you did reside.

City/Town	State/Foreign Country	Beginning Date	Ending Date

SELF-DISCLOSURE INFORMATION:

Please answer each of the following questions. If your answer is "YES" to any of the questions below, please give details. Provide the date, the crime and/or findings, and in what USA state, or foreign country, the crime was committed. Have you ever been:

1. Convicted of any crime? Yes No
2. Found to have sexually assaulted, physically abused, or exploited a child or adult? Yes No
3. Found to have violated a protection order or restraining order? Yes No
4. Sanctioned by a disciplinary board (professional licensing board) or by agreed order had your license suspended, revoked or denied for sexual or physical abuse, neglect or exploitation of a minor or adult? Yes No

Details of any "YES" answers:

This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct. I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract.

Signature of Applicant

Date