



City of Tukwila

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Tukwila City Hall
6200 Southcenter Blvd
Tukwila, WA 98188
Phone: (206) 433-1800

Email: BoardsComms@tukwilawa.gov
Website: www.tukwilawa.gov

Application for Appointment BOARDS AND COMMISSIONS

Please complete the ENTIRE application form. Submitting a resume is optional.

DATE: _____

NAME: _____
Last First M.I.

ADDRESS: _____
Street City Zip

MAILING ADDRESS (if different): _____

HOME PHONE: _____ MOBILE PHONE: _____

EMPLOYER: _____ E-MAIL: _____

Please check all that apply to you within Tukwila city limits:

- Resident
- School District Representative
- Business Owner/Representative
- High School Student

I wish to be considered for appointment to the following board or commission (check all that apply):

COMMISSIONS:

- Arts
- Civil Service
- Equity & Social Justice
- Parks
- Planning

BOARDS & COMMITTEES:

- Community Police Advisory
- Human Services
- Library
- Lodging Tax

Other/Special Committee: _____

HAVE YOU PREVIOUSLY SERVED ON ONE OF THESE BOARDS OR COMMISSIONS? Yes No

If "yes", please list: _____

AVAILABLE TO ATTEND MEETINGS: Daytime Evenings

Please note that upon submission, all information on this document becomes public record. For further clarification regarding this application or more information regarding boards and commissions please call 206-433-1850.

Please describe your interest in serving on a board, commission or committee and include your qualifications for the position. (Please limit your response to 500 words or less.)

Professional/Community Activities (organizations, clubs, service groups, etc.):

Hobbies/Interests:

Other comments/additional information for consideration:

PERSONAL INFORMATION (OPTIONAL)

The City of Tukwila is committed to inclusiveness and outreach to all Tukwila residents to ensure that Tukwila boards and commissions are reflective of the community we serve. Providing information in the section below is **voluntary** but will assist in achieving this goal.

How do you identify?

RACE/ETHNICITY: _____

GENDER: _____

SEXUAL ORIENTATION: _____

PREFERRED PRONOUNS: _____

Do you have a disability as defined by the Americans with Disabilities Act? Y N

Generation Range

Under 30 31-40 41-50 51 – 60 61 – 70 Over 70

Applicant's Signature

Date

FOR CITY USE ONLY:

APPOINTED: Yes No

TERM EXPIRES: _____

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CITY OF TUKWILA

Boards & Commissions

6200 Southcenter Blvd., Tukwila, WA 98188

206-433-1800

Notification and Authorization for Background Investigation Disclosure Statement

In compliance with RCW 43.43.830-845, all applicants who have been offered a position as a volunteer, and in which position the person may have unsupervised access to children less than sixteen years of age, to developmentally disabled persons, or to vulnerable adults, are required to disclose the following information:

1.	<p>Have you ever been convicted of any crime against children or other persons*?</p> <p>* "Crime against children or other persons" (as identified in RCW 43.43.830) means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter, first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; commercial sexual abuse of a minor; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>Have you been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<p>Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<p>Have you been found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is YES to any of the previous questions, please describe the location, date and facts of the conviction and make reference to the question being answered:

<p style="text-align: right;">Please continue on the back →</p>

The City of Tukwila shall make an inquiry to the Washington State Patrol and/or Southeastern Security Consultants, Inc. regarding an applicant's conviction record, disciplinary board final decision, or civil adjudication record. **Applicants will be notified of the results within 10 working days of receipt of this information by the City of Tukwila. A copy of the background screening results will be made available to the applicant upon request.**

I acknowledge that I have read the entire Notification and Authorization for Background Investigation Disclosure Statement, which I understand the requirements, and I grant permission to the City of Tukwila to make inquiry to the aforementioned organizations under the provisions of this law. Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

**TO EXPEDITE THE BACKGROUND CHECK PROCESS
PLEASE PROVIDE ALL REQUESTED INFORMATION.
INFORMATION WILL BE KEPT CONFIDENTIAL.**

*****PRINT CLEARLY*****

Applicant's Name <i>(Print)</i>			Date of Birth		
Street Address			Social Security Number <small>(application cannot be processed without SSN)</small>		
City	State	Zip Code	Phone Number 1:		
Applicant's Signature		Date	Phone Number 2:		

City of Tukwila Processing Agent					Processed Date	
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Results Date:		Results:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	Applicant Notified:	No	Yes	Date:
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Notes: