



STEPS & FEES FOR FINGERPRINTING

These instructions apply to **San Juan County** residents. If you currently do not reside in San Juan County, please locate your local Educational Service District (ESD) office to make an appointment and follow their instructions.

1. OCA Code Assignment: Fill out the applicant section of the **OSPI OCA Form** and return it to HR. HR will email it to OSPI and they will assign an 'OCA' code to form. HR will notify you that the form is ready for you to pick up or email it to you (your preference).
 - ✓ Note: Payment of **\$50** to SJISD in cash or check, is required. Make checks payable to 'SJISD'.
 - ✓ Payment is non-refundable once fingerprints are taken.
2. Make an appointment: Call the Sheriff's Office at **(360) 378-4151** to make an appointment to get your fingerprints done. Appointments are on Thursdays.
3. For your appointment: Bring the following with you to your fingerprinting appointment at the Sheriff's office:
 - ✓ The completed "Request for Electronic Applicant Submission" form **with OCA code** written on it.
 - ✓ **\$15.00** in cash or check to be paid to the Sheriff's office (or ESD fee)
 - ✓ Picture ID (i.e. Driver's license, passport)
4. After your appointment: Bring the signed "Request for Electronic Applicant Submission" form back to the District office HR Manager.

During the school year, background check results are completed approximately 1 week from the date fingerprints are taken. However, over the summer and the beginning of the school year), results may take longer.

Please don't hesitate to call if you have any questions, HR 360-370-7904 | hrrmailbox@sjisd.org

Thank You!

PLEASE NOTE

- ❖ **No one, including Coaches and Volunteers, may work unsupervised with children until fingerprint background check results have cleared.**
- ❖ **If you change your mind about applying for a position with SJISD, please inform HR as soon as possible.**

DISCLOSURE & BACKGROUND CHECK AUTHORIZATION

UNDER RCW 43.43.830 public school districts in the state of Washington are authorized to conduct a criminal history check on all potential employees and volunteers. The Board of Directors of the San Juan Island School District has determined that all potential employees will be subject to this check as a condition of employment. Please provide the information requested below in order to facilitate this process.



Full Legal Name:

Date of Birth:

Place of Birth (City, State, Country):

Phone#

Current Address:

Email:

Driver's License Number & State:

HAVE YOU EVER BEEN:

1. Convicted of any crime against persons (reckless endangerment; simple assault; unlawful imprisonment; communication with a minor; first degree promoting prostitution, vehicular homicide, incest, indecent liberties; first or second degree extortion; first, second or third degree statutory rape; first, second, or third degree rape; first, second or third degree assault; aggravated murder; first or second degree murder; first or second degree kidnapping; sexual exploitation of minors; first or second degree criminal mistreatment?) YES NO
2. Found in any dependency action under RCW 13.34.030 to have sexually assaulted or exploited any minor or to have physically abused any minor? YES NO
3. Found by a court in domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? YES NO
4. Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult? YES NO
5. Found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? YES NO
6. In the last seven years released from prison or convicted of any offense that involves drugs, embezzlement, or fraud? YES NO

If you answered 'yes' to any of the above questions, explain here:

I hereby authorize San Juan Island School District, San Juan County Sheriff 's Department and/or the Washington State Patrol to conduct a criminal background check as a condition of employment as authorized in RCW 43.43.830, RCW 13.34.030 and RCW 9A72085.

Signature

Date



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To: SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
PERSONNEL DEPARTMENT	
STREET ADDRESS	
CITY, STATE, ZIP	
FAX #	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature

Date

This section to be completed by former school district employer(s) only.

- No sexual misconduct materials were found.
- Yes, sexual misconduct materials are available.
Please contact for more information.
- No record of employment

Was a complaint of sexual misconduct filed with OSPI?
 Yes No

Former Employer Representative Signature

Title

Date

Employing School Receipt Date: _____

Received By: _____

Return all completed information to:

SCHOOL DISTRICT		
DIRECTOR OF HUMAN RESOURCES, SAN JUAN ISLAND SCHOOL DISTRICT		
ADDRESS		PHONE
PO BOX 458		(360) 370-7904
STATE	ZIP	FAX
WA	98250	(360) 378-6276

Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200



Washington Office of Superintendent of
PUBLIC INSTRUCTION
Chris Reykdal, Superintendent

k12.wa.us

Request for Electronic Applicant Submission

CONTRIBUTING AGENCY INFORMATION

ORI WA920310Z	FEE \$50.00
REASON FINGERPRINTED School District Employees/Contractors/28A.400 RCW	
ORIGINATING CONTRIBUTING AGENCY OSPI -	
CONTACT NAME	CONTACT TELEPHONE NUMBER (360) 370-7904

APPLICANT INFORMATION

*NAME LAST FIRST MI	*PLACE OF BIRTH		
ALIAS			
*DATE OF BIRTH	*RACE	*SEX Male Female Unknown	
*EYE COLOR	*HAIR COLOR	*HEIGHT	*WEIGHT
HOME ADDRESS CITY STATE ZIP			CONTACT PHONE ()
*SCHOOL DISTRICT OR PRIVATE SCHOOL NAME			*CERTIFICATION APPLICANT Yes No
EMPLOYER ADDRESS CITY STATE ZIP			
*MANDATORY INFORMATION			

LIVE-SCAN SITE INFORMATION

ORI NUMBER	LEVEL OF SERVICE State search FBI search Both		
If resubmission, original TCN Number:			
NAME OF LIVE SCAN OPERATOR			DATE