



Criminal Background Information Form

As part of our screening process, a computerized criminal background check is required for all staff, volunteers and interns of the Seattle City Attorney's office. Fingerprinting may also be required.

This information is mandatory. All responses will be kept confidential in accordance with RCW 10.97.050, and disseminated only as allowed under the statute.

Full Name (including middle): _____

Aliases, former names, nicknames: _____

Address: _____

Race: _____ Sex: M F Date of Birth: _____

Place of Birth: City _____ State/Country _____

Social Security Number: _____

Driver's Lic. No. _____ Issuing State: _____

By signing, I assert that the information contained in this report is accurate and complete.

_____ Date: _____

Please send your completed application materials to:

Volunteer Coordinator
Criminal Division
Seattle City Attorney's Office
700 Fifth Avenue, Suite 5350
PO Box 94667
Seattle, WA 98124-4667
(206) 684-7757 Fax (206) 684-4648