

Sexual Misconduct Declaration and Authorization to Release Information

Form 5010F1

I hereby certify and declare that the information related to sexual misconduct that I provided on my application for employment is true, complete, and accurate to the best of my knowledge. I understand failure to provide complete and accurate information in response to the questions will result in disqualification from employment with Walla Walla Community College, withdrawal of any offer of employment, and/or termination from employment.

I certify that I provided a complete list of my former and current employers to Walla Walla Community College, and I authorize all current and former employers to disclose to Walla Walla Community College information, if any, regarding sexual misconduct committed by me, and to make available all documents and information in my current or former personnel, investigative, or other files relating to any sexual misconduct, including sexual harassment, by me.

I agree to execute any additional forms required by my current or former employer(s) to release such information to Walla Walla Community College, and by completion of this declaration, I hereby release all current and former employers from any and all claims and liability arising from the disclosure of the information described in this paragraph.

I further authorize Walla Walla Community College to contact my current or former employer(s) to verify the information I have furnished.

I declare under penalty of perjury of the laws of the state of Washington that the foregoing is true and correct.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_