



## Sexual Misconduct Declaration

Candidate Full Name:	(last/surname)	(first/given)	(full middle)
DOB (Month & Day Only):	Month	Day	
Prospective Job Title:			

Washington state law and Edmonds College policy prohibits Edmonds College from hiring or appointing candidates who do not complete and sign a sexual misconduct declaration.

1. Are you the subject of any substantiated findings of sexual misconduct in any current or past employment?

[RCW 28B.112](#) applies and defines sexual misconduct as follows:

“Sexual misconduct” includes, but is not limited to, unwelcome sexual contact, unwelcome sexual advances, requests for sexual favors, other unwelcome verbal, nonverbal, electronic, or physical conduct of a sexual nature, sexual harassment, and any misconduct of a sexual nature that is in violation of the postsecondary educational institution's policies or has been determined to constitute sex discrimination pursuant to state or federal law.

Policies addressing sexual misconduct include, but are not limited to, anti-harassment and discrimination policies and Title IX. At Edmonds College, these include [HR 9.0 - Sexual Harassment Policy](#) and [WAC 132Y-300 - Nondiscrimination and Harassment Policy](#).

Yes

No

2. Are you currently being investigated for sexual misconduct at any current or past employer?

Yes

No

3. Have you left a position during an investigation into a violation of any sexual misconduct policy at any current or past employers?

Yes

No



If you responded "yes" to any of the questions 1-3 above, please explain the circumstances of the finding(s) and/or investigation(s).



## Certification and Authorization to Release Information Regarding Sexual Misconduct

I, \_\_\_\_\_, hereby certify that the information above is  
(print full name)  
true, complete, and accurate to the best of my knowledge. I understand that failure to provide complete and accurate information in response to the above questions will result in disqualification from employment or appointment at Edmonds College and withdrawal of any offer of employment.

By my signature, I authorize any and all current and past postsecondary educational institution employers to disclose to Edmonds College information, if any, regarding sexual misconduct committed by me, and to make available copies of all documents and information in the current or past postsecondary employer's 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 past postsecondary employer(s) to release such information to Edmonds College, and by my signature, I hereby release all current and past postsecondary employers from any and all claims and liability arising from the disclosure of the information described in this paragraph.

I further authorize Edmonds College to contact my current or past postsecondary employer(s) to verify the information that I have provided.

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Signature

Date  
(mm/dd/yyyy)



## Current and Past Postsecondary Employers

List pertinent information for all current and past postsecondary education employers, both public and private. Attach additional pages if needed.

### Employer 1

Employer:	
City/state where work was completed:	
Full name during employment:	
Dates of employment (mmm-yyyy):	Start: (mmm-yyyy)      End: (mmm-yyyy or Present)
Position held:	
Division/Department:	

Explanation, if any:



### Employer 2

Employer:	
City/state where work was completed:	
Full name during employment:	
Dates of employment (mmm-yyyy):	Start: (mmm-yyyy) End: (mmm-yyyy or Present)
Position held:	
Division/Department:	

Explanation, if any:

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### Employer 3

Employer:	
City/state where work was completed:	
Full name during employment:	
Dates of employment (mmm-yyyy):	Start: (mmm-yyyy) End: (mmm-yyyy or Present)
Position held:	
Division/Department:	

Explanation, if any:

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### Employer 4

Employer:	
City/state where work was completed:	
Full name during employment:	
Dates of employment (mmm-yyyy):	Start: (mmm-yyyy)                      End: (mmm-yyyy or Present)
Position held:	
Division/Department:	

Explanation, if any:

### Employer 5

Employer:	
City/state where work was completed:	
Full name during employment:	
Dates of employment (mmm-yyyy):	Start: (mmm-yyyy)                      End: (mmm-yyyy or Present)
Position held:	
Division/Department:	

Explanation, if any:



### Employer 6

Employer:	
City/state where work was completed:	
Full name during employment:	
Dates of employment (mmm-yyyy):	Start: (mmm-yyyy)                      End: (mmm-yyyy or Present)
Position held:	
Division/Department:	

Explanation, if any:

### Employer 7

Employer:	
City/state where work was completed:	
Full name during employment:	
Dates of employment (mmm-yyyy):	Start: (mmm-yyyy)                      End: (mmm-yyyy or Present)
Position held:	
Division/Department:	

Explanation, if any: