



REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ACT ABUSE INFORMATION ACT
RCW 43.43.831 THROUGH 43.83.845

REQUESTING AGENCY INFORMATION
(to be completed by Human Resources):

Date Stamp Records Check

City of Kirkland, Human Resources Department

Agency Name

Check performed by

REQUESTING AGENCY INFORMATION (to be completed by requestor):

Name of requestor

Supervisor (of applicant)

Title of position applicant is seeking

Department

Type of application: ☐ Employment ☐ Volunteer ☐ Independent Contractor ☐ Other _____

APPLICANT INFORMATION: Please write clearly – all information is mandatory.

Chrisafis
Applicant Last

Constantine
First

Anastasios
Middle Name

Alias/Maiden Name(s)

02 / 23 / 1998
Date of Birth mo/day/year

537390011
Social Security Number

Male
Sex

1100 NW Woodbine Place
Address

Seattle
City

WA 98177
State Zip

Constantine Chrisafis
Applicant Signature

05/1/2018
Date

Pursuant to RCW 10.97 signing this release will allow a further check if deemed necessary by the information received from the **Washington State Patrol Criminal History Section**.

Additional background fingerprint-based checks will be run with **WACIC/NCIC** if deemed necessary to obtain the appropriate clearance for the position for which you are applying.

Note: A conviction record will not necessarily disqualify you for employment unless such a record would reasonably affect your fitness for the job for which you have applied.