

## Sexual Misconduct Disclosure

Pursuant to RCW 28B.112.080, applicants for employment at any Washington State postsecondary education institution, are required to provide a signed statement verifying information about the history of prior sexual misconduct and authorization for current and previous employers to disclose relevant records to Eastern Washington University. For the purposes of completing this document, sexual misconduct is defined 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, and any misconduct 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.” RCW 28B.112.040.

The full text of the law can be found at: <https://app.leg.wa.gov/RCW/default.aspx?cite=28B.112&full=true>

*In order to comply with this legal requirement, please fill this form out in its entirety.*

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Date of Birth: \_\_\_\_\_

**Are you the subject of any substantiated findings of sexual misconduct in any current or former employment?**

Yes

No

**Are you currently being investigated for sexual misconduct at a current employer?**

Yes

No

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

Yes

No

**If you responded in the affirmative to any of the above questions, please explain the circumstances:**

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**Provide a list of all current and past postsecondary educational institutional employers, including an address and phone number:**

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**Declaration and Authorization to Release Information**

I, \_\_\_\_\_, hereby declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand failure to provide complete and accurate information in response to the above questions will result in disqualification from employment at Eastern Washington University, withdrawal of any offer of employment, and/or termination from employment.

By my signature, I certify that I provided a complete list of my former and current postsecondary educational institution employers to Eastern Washington University, and I authorize all current and former employers to disclose to Eastern Washington University 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 Eastern Washington

University, and by my signature, 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 Eastern Washington University (EWU) to contact my current or former employer(s) to verify the information I have furnished.

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**Signature**

**Date**