

Request For Conviction/Criminal History Record

Name: STEPHEN HINCH
(Please Print) (First) (Middle) (Last)

Social Security Number: 214 02 9387

Date of birth*: 02 27 1967 Place of birth: Maryland, PG County (County and State, or Country)

DL# _____ State: WA

Height*: 600 Weight*: 180 Hair color*: BR Eye color*: BR Race*: W
*Used for identification only, not required.

Other names used and dates of use (including maiden name): 1. _____
2. _____ 3. _____

Have you ever been convicted of a crime? _____ Yes NO No

If yes, give details (date, crime, location). _____

Note: Disclosure of convictions does not automatically disqualify you for employment.

Current address: 14563 Ashworth Ave N Shoreline WA 98133
Number, Street, Apartment # (if any), City, State, Zip Code

Previous address: 8500 32nd Ave NW Seattle WA Dates: 4/2007-11/2008
Number, Street, Apartment # (if any), City, State, Zip Code

List addresses, cities, states and counties of residence you have lived for the past seven years.

Address	City	State	County	From	To
<u>25 Spence Dr</u>	<u>WILTON</u>	<u>CT</u>	<u>FAIRFIELD</u>	<u>8/2001</u>	<u>6/2006</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature below authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I give permission that a photocopy of this authorization be accepted with the same authority as the original.

Under the federal Fair Credit Reporting Act (FCRA) and other applicable state law, you have certain rights with regard to consumer reports obtained for employment purposes including, upon request, disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. The FCRA, 15 U.S.C. 1681, is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You may have additional rights under state law. Request for disclosure of the reporting agency's file should be made in writing within a 60 day time period by certified mail to Background Investigations, Inc. P.O. Box 3366, Lynnwood, WA 98046-3366. A copy of any written reports provided to YouthCare will be provided to you if YouthCare intends to withdraw its offer because of something in any report. The undersigned hereby acknowledges that he/she has read or has had read to him/her the above statement and has understood it, and agrees to be bound by it.

[Signature]
Signature

4/26/12
Date