

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

A. Have you **EVER** been convicted of a sex-related crime? [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors? [] Yes [] No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? [] Yes [] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) [] Yes [] No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? [] Yes [] No

Advisory: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____

To: **All Employment Applicants, Interns, Practicum Students and Volunteers not subject to fingerprint based criminal record checks**

Please complete the Oregon Department of Education Criminal History verification form on reverse side (581-2282-M (Rev 9/09) and submit it with the materials requested in your position vacancy announcement if an applicant for a position. Practicum students, Interns, Temporary Employees, Volunteers and Substitutes should return this form to the department that provided the form for completion. In signing and submitting the form you are certifying that the form contains no misrepresentation or falsification and that the information given is true and complete to the best of your knowledge and belief. Further your signature verifies that you understand that misrepresentation or omission of facts asked for on the criminal history verification form is cause for rejection of your application or dismissal from employment/assignment, and grants authorization to Multnomah Education Service District to make any necessary investigation to verify the information contained therein. A check for criminal record will not be made unless you are recommended for employment or assignment. The fee for the criminal record check is as indicated below. If you have any questions regarding this form, please call **503-255-1841**.

Please know that if the information below is *incomplete*, this form will *not* be processed.

NAME: _____ PHONE NO: _____

DEPARTMENT: _____

CHECK ONLY ONE include name of position:

Permanent _____ Temporary _____

Substitute _____ Volunteer _____

Practicum _____ Intern _____

Parent Volunteer: Date _____ Child's School _____

<u>Category of Employment</u>	<u>Fee for Clearance</u>	<u>Time of Collection</u>
Permanent Employment	\$8.00	Deducted from first paycheck
Substitute Employment	\$8.00	At time of acceptance of offer
Temporary Employment	\$8.00	At time of acceptance of offer
Intern	No Charge	
Practicum Student	No Charge	
Volunteer/Parent Volunteer	No Charge	

Acceptable form of payment: Exact Cash, Debit Card, or Credit Card