

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

PLEASE PRINT CLEARLY (use same information that appears on your identification)

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

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

Driver's License/Identification Card No.: _____ State _____

Social Security No.: _____ Telephone No.: _____

Providing your Social Security number on this form is voluntary. If you choose not to disclose the 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, it will be used as an additional identifier to search for any criminal record you may have. State and federal laws protect the privacy of your records.

Mailing Address: _____
(Street Address/P.O. Box)

City: _____ State: _____ Zip Code: _____

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

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: _____

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: _____

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

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

Have you lived in Oregon for the past **10 years**? Yes No ****If no, please complete section below****

****** I have lived in these cities and states within the last 10 years: _____
Continue on back if more room needed.

Advisory: A check of the applicant's criminal history will be made by the Lincoln County School District to verify the responses to the preceding questions.

I hereby grant to Criminal Information Services, Inc. (CRIS) permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, CRIS will conduct a criminal offender record check of applicants for the position of 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, 800 NE Oregon St., Suite 1045, Portland, Oregon 97232; telephone (961) 673-0764.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____