Oregon Department of Education Public Service Building

255 Capitol Street NE Salem, Oregon 97310

Office of Finance and Administration Pupil Transportation and Fingerprinting

503-947-5600

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**Please type or print clearly.**

As Appears on License

Name:

Date of Birth:

Sex:

List Other Names Previously Used:

(includes Maiden Name)

Social Security 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.*

Driver License/Identification Card No.:

Mailing Address:

Full Street Address/Post Office Box

City:

State:

Zip + 4:

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

**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 announce- ment 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

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

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