

North Clackamas School District

Criminal History Verification/Background Check Authorization Form

TO BE COMPLETED BY CANDIDATE  
PLEASE PRINT ALL REQUESTED INFORMATION.

Full Legal Name: \_\_\_\_\_  
*Last First Middle*

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Driver License # / state: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List all your previous addresses in the **last 10 years** including all school and military locations. Attach separate piece of paper if needed.

Date From	Date to	Complete Street Address	City/State	Zip
	current			

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WARNING: Falsely responding or failure to fully disclose information to the questions listed below may prohibit your employment or clearance for volunteer assignment. If you have any questions, be certain you ask before you submit this form. DO NOT ASSUME conviction records have been AUTOMATICALLY sealed, removed, or expunged.

- 1. Have you EVER been convicted of a sex-related crime? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.
2. Have you EVER been convicted of a crime involving violence or threat of violence? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.
3. Have you EVER been convicted of a crime involving criminal activity with drugs or alcoholic beverages? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.
4. Have you EVER been convicted of any other crime except a minor traffic violation? This includes traffic crimes. O yes O no
5. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? O yes O no

If you answered yes to any of the above questions, please explain in detail on a separate piece of paper and attach.

Advisory: A criminal history and background check will be made by the North Clackamas School District (NCSD). Providing your social security number on this form is required in order for the district to complete the criminal history verification and background check process.

The privacy act of 1974 (PL.93-579) requires that federal, state or local agencies inform individuals whose social security number is requested whether such disclosure is mandatory or voluntary, basis of authority for such solicitation and uses which will be made of it.

By signing below, I verify that the information I provided on this document is true and accurate to the best of my knowledge. I also understand that any false statements may be sufficient to deny me from any employment, contract or volunteer work with NCSD. I verify that I have read the warning statement above and agree to the terms and conditions of North Clackamas criminal history verification and background check process.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

This section to be completed by NCSD.
O New Hire Certified O Rehire Certified O Substitute Certified
O New Hire Classified O Rehire Classified O Substitute Classified
O New Hire Administrator O SSA/Casual Temporary Worker O Volunteer
NCSD review: \_\_\_\_\_ Date: \_\_\_\_\_ Pg 2
Revised Jan 2011