

## 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: \_\_\_\_\_

FROM: \_\_\_\_\_  
 (School/Contractor's name)  
 \_\_\_\_\_  
 (Mailing address)  
 \_\_\_\_\_  
 (City) (ZIP code + 4) (County)  
 \_\_\_\_\_  
 (Phone Number) (Fax Number)

**Criminal History Verification of Applicants for Public School Employment**

Please conduct a criminal history check on the person(s) listed below and advise as to whether or not a criminal record exists within the areas defined in the procedure for criminal history verification of applicants for public school employment. I will immediately notify the Department of Education if I have reason to believe there is any change of status in the criminal record from the ODE response provided for any of those individuals listed below. If you have any questions, please call the Pupil Transportation section at **503-947-5614**.

\_\_\_\_\_  
 Signature Title Date  
**Submit a school district check in the amount of \$5 per name submitted, PURCHASE ORDERS NOT ACCEPTED.**  
**Include a Form 581-2282-M (Criminal History Verification Of Applicant) for each person submitted.**

| Last Name | First name | M. I. | Date of Birth | Sex <sup>1</sup> | ODE Response             |   |   |                     |
|-----------|------------|-------|---------------|------------------|--------------------------|---|---|---------------------|
|           |            |       |               |                  | Record Exist Area(s) of: |   |   | No CCH Record Exist |
|           |            |       |               |                  | A-C                      | D | E |                     |
|           |            |       |               |                  |                          |   |   |                     |
|           |            |       |               |                  |                          |   |   |                     |
|           |            |       |               |                  |                          |   |   |                     |
|           |            |       |               |                  |                          |   |   |                     |
|           |            |       |               |                  |                          |   |   |                     |

Responses were prepared by: \_\_\_\_\_  
 (ODE Official) Signature Date

<sup>1</sup>The identification of the applicant's sex is solely for the purpose of Law Enforcement Data Systems (LEDS) utilization.

## Procedure for Criminal History Verification of Applicants for Public School Employment

1. Applicant fills out local district employment application, which includes the questions and advisory listed on Form 581-2282-M, Criminal History Verification of Applicants.
2. The application should contain a statement similar to the following:

The facts set forth on this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I hereby grant to the district or its agent permission to check civil or criminal records to verify any statement made on this application.

(do not sign)  
Applicant's Signature

3. The district may submit the name(s) of the applicant(s) along with the appropriate identifying information on the appropriate Oregon Department of Education Form 581-2281-N. The request form must be signed by the district superintendent or designee. Attach a district check in the amount of \$5 per name submitted.
4. The Department of Education conducts a computer check to verify the accuracy of the applicant's statements.
5. The Department of Education notifies the local district whether or not a criminal record exists based on the information available.
6. The district may decide to request the Oregon State Police Identification Services Section to provide information about the person's specific criminal history.
7. The district may send the request to the:  
  
Department of State Police  
Identification Services Section  
3772 Portland Road NE  
Salem, OR 97303
8. Requests to the State Police are accepted only if submitted through the U.S. mail, and each request must be accompanied by a fee of \$15 per record check.
9. The district may make a decision on the employment status of the individual.