



# Criminal History Verification of Applicants

Culver School District #4  
PO Box 259 - 412 West E St  
Culver OR 97734  
541.546.2541

Please type or print clearly.

As Appears on Legal Identification

Legal Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Phone Contact Number)

List Other Names Previously Used: \_\_\_\_\_  
(includes Maiden Name)

Social Security No.: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Driver License/Identification Card No.: \_\_\_\_\_ Issue State: \_\_\_\_\_

*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 benefit to which you are otherwise entitled. If you do provide the number the district 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 Apt # City State Zip

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 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 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 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 CRIS/NWRESA to verify the responses to the preceding questions.

I hereby grant to the school district permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the school district will conduct a criminal offender record check of applicants for all prospective school employees and volunteers 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 97323, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date to CRIS _____	Results Date _____
<input type="checkbox"/> Cleared	<input type="checkbox"/> Not Cleared	<input type="checkbox"/> Further explanation needed from applicant
05.2015		