

KEENE INDEPENDENT SCHOOL DISTRICT
NOTICE REGARDING CRIMINAL CHECK

The Keene ISD is authorized by statute to check the background of each applicant for possible criminal records. I understand this check will be performed based on the information I have provided.

I certify that all of the personal information I provided is true and correct.

LAST NAME	FIRST NAME	MIDDLE NAME	JR.	SR.

ADDRESS	CITY	STATE	ZIP

BIRTHDATE:

____/____/____
MONTH DAY YEAR

____-____-____
SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NO.

STATE ISSUED

LIST OTHER NAMES USED, SUCH AS MAIDEN, PREVIOUS MARRIAGES OR NAME CHANGES:

MALE FEMALE

PLEASE LIST ALL THE PLACES OF RESIDENCE BEGINNING WITH 2004

DATES	CITY	STATE

SIGNATURE

____/____/____
DATE

FOR OFFICE USE ONLY

Anticipated start date:	
SUBSTITUTE	
VOLUNTEER	
AIDE	
TEACHER	
OTHER	

Date Check was performed:	
Conditional Clearance	YES NO
Cleared to Work	YES NO
INITIAL	