Tigard-Tualatin School District

Criminal History Verification of Applicants

Please type or print clearly.
As Appears on Legal Identification

Legal Name:_____
(Last Name) (First Name) (Middle Name)

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.

Address: _____
Street Apt#

_____
City State Zip

A. Have you **EVER** been convicted of a sex-related crime? ___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state:_____
2. If yes, did the crime involve force to minors? ___ Yes ___ No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? ___ Yes ___ No

1. 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

1. 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 TTSD 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:_____

Tigard-Tualatin School District Personal Data Form

Today's Date:_____

Social Security #:_____Birth Date:_____

First Name:_____MI:_____Last:_____

Home Phone Number:_____

Address:_____

City:_____State:_____Zip:_____

Please initial each of the following after careful reading of the related documents:

____**Drug-Free Workplace Policy (GBEC).** I have read and understand the information provided about the Drug-Free Workplace Policy.

____**Harassment Policy (GBNA) and Sexual Harassment (GBN/JBA).** I have read and understand the Tigard-Tualatin School District Harassment and Sexual Harassment Policy. I understand that if I violate this policy I may be subject to disciplinary action, up to and including termination as a District Contractor.

____**Criminal History Records Check/Fingerprinting.** I have read and understand the information contained in Criminal History records Check/Fingerprinting document.

_____ _____

Signature Date

6960 SW Sandburg St. Tigard, OR 97223 Ph (503) 431-4000 Fax (503) 431-4037

OREGON DEPARTMENT OF EDUCATION
Public Service Building
255 Capitol Street NE
Salem, Oregon 97310

NOTE
Complete this form ONLY if you live in Oregon & have been previously fingerprinted for a school district in Oregon. Complete Section 1 and fill in the District/School Name where you were previously fingerprinted on the line for Previous Employer.

Office of Student Services
Pupil Transportation and Fingerprinting
503-947-5600
FAX 503-378-5156

FINGERPRINT-BASED CRIMINAL HISTORY CLEARANCE REQUEST

PREVIOUS EMPLOYER: The individual identified in SECTION 1 below has indicated that you employed him/her in a classified position that required fingerprinting.

Please complete SECTION 2 and return to the current employer shown in SECTION 1.

SECTION 1 — TO BE COMPLETED BY EMPLOYEE/ CURRENT EMPLOYER

Employee's Full Name: _____ _____
Last, First, Middle — Social Security Number

Address: _____ _____
Date of Birth

Previous Employer (District/School Name): _____

Street: _____

City, State, Zip: _____

Current Employer (District/School Name): Tigard Tualatin School District Attn: Vilma Madrigal

Street: 6960 SW Sandburg St

City, State, Zip: Tigard, OR 97223

Phone Numb 503-431-4175 Email Address: vmadrigal@ttsd.k12.or.us Fax: 503-431-4014

_____ _____
Applicant's Signature — Date

SECTION 2 — TO BE COMPLETED BY PREVIOUS EMPLOYER

The applicant above was employed/contracted by our district/school. Yes ☐ No ☐

Employed as (job title) _____ from (mo./yr.) _____ to (mo./yr.) _____

District/School Name: _____

Fingerprint Cleared by ODE: Yes ☐ No ☐ If yes, Date Cleared: _____ ODE (OCA) # _____

Printed Name of Person Completing Form: _____ Phone Number: _____

Signature of Person Completing Form: _____ Date: _____