

Clatskanie School District 6J  
PO Box 678  
Clatskanie, OR 97016  
Phone: 503-728-0587 Fax: 503-728-0608

**CRIMINAL HISTORY VERIFICATION OF APPLICANTS**

Please type or print clearly

As appears on Driver's License

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) MM/DD/YYYY

List other names previously used: \_\_\_\_\_  
Formal legal name only, do not use nick names or aliases

Social Security Number: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Providing your social security number on this form is voluntary. In order to complete the background check we must have either your social security number or your driver license number. State and federal laws protect the privacy of your records.

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Full Street Address/Post Office Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby grant to the Clatskanie School District permission to check civil and/or criminal records to determine my rights to continue employment and/or volunteer working with or around children for the school district. 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: \_\_\_\_\_

**FOR SCHOOL OFFICE ONLY**

\_\_\_\_ CES \_\_\_\_ CMHS DATE RESULTS ARE REQUIRED: \_\_\_\_\_

\_\_\_\_ ASSISTANT COACH \_\_\_\_ CLASSROOM VOLUNTEER \_\_\_\_ FIELD TRIP/DANCE/EVENT CHAPERONE