

Criminal History Verification Portland Public Schools

| Shaded Area for District Use Only | | | |
|--|--------------------------|---------------------------|--------------------------|
| NEW HIRE: | <input type="checkbox"/> | RE-HIRE: | <input type="checkbox"/> |
| TSPC: | <input type="checkbox"/> | CONTRACTOR: | <input type="checkbox"/> |
| FULL TIME: | <input type="checkbox"/> | PART TIME: | <input type="checkbox"/> |
| POSITION TITLE: _____ | | SCHOOL/ DEPARTMENT: _____ | |
| SEND COPY OF CLEARANCE TO: _____ | | | |
| LIMITED TERM: <input type="checkbox"/> | | | |
| END DATE: _____ | | | |

The person whose name appears below has been conditionally offered employment, contract or assignment to a contractor with Portland Public Schools and is subject to a criminal background investigation, which may include a fingerprint records check. **Portland Public Schools considers the applicants criminal history (if any) in its entirety when being considered for a position and/or contract work.**

The applicant is entitled to review his/her criminal history for inaccurate or incomplete information.

| | | | | | | |
|-----------------------------------|--------|----------------------|---------------|--------------------|----------------|------|
| Name (Last) (First) (Middle) | | | Date of Birth | Social Security # | | |
| List Previous or Other Names Used | | | | Driver's License # | DL State | |
| Contact Phone # | Gender | Race | Height | Weight | Eyes | Hair |
| Contractor Company | | PPS Contract Manager | | | PPS Contract # | |

List all previous resident addresses in the **last 10 years or since your last employee/contractor background check with Portland Public Schools**. Attach a separate sheet if needed.

| Date From | Date To | Complete Street Address | City/State | Zip |
|-----------|----------------|-------------------------|------------|-----|
| | Current | | | |
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Please complete both sides before submitting

Criminal History Verification

Portland Public Schools

Warning: Falsely responding to any of the questions listed below may prohibit your employment. If you have any questions, be certain you ask before you submit this form. **Do not assume that your conviction records have been automatically sealed, removed, or expunged.** If you have any question about your record it is better to answer yes and explain on a separate sheet of paper. A positive response to the questions below does not automatically exclude you from working with Portland Public Schools.

Failure to disclose fully may have an adverse effect on an employment offer.

- A. Are you currently on Parole or Probation? Yes No
If yes, please call Security Services at 503-916-3000 before you apply.
- B. Have you **EVER** been convicted of **ANY** crime? Yes No
If yes, state the charge(s), city, state, date of arrest, and date of conviction.
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- C. Do you have any pending or unresolved criminal charges? Yes No
If yes, state the charge(s), city, state, date of arrest.
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Providing your social security number on this form is mandatory. This will be used for the background and fingerprint check, which requires a social security number. The privacy act of 1974 (PL.93-579) requires that government agencies inform individuals, whether such disclosure is mandatory and the basis of authority for such solicitation, and how it will be used. All employees and contractors for the school district are subject by law to a criminal records check. (OAR 581-021-0500). Subject individuals who have been convicted of any crime listed in ORS 342.143 or the substantial equivalent in another jurisdiction or in Oregon under a different statutory name or number shall be refused continued employment and or have employment terminated.

By signing below, I verify that the information I provided on this document is true and accurate to the best of my knowledge. I also understand that any false statement may be sufficient to deny me from any employment with Portland Public Schools. I verify that I have read the warning statement above and understand employment is based on a thorough review of any criminal history.

Applicant Signature: _____

Date: _____

**FCRA Disclosure and Authorization to Obtain a Consumer Report
Portland Public Schools**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Portland Public Schools and its designated agents, representatives, and consumer reporting agencies, such as OPENOnline, to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be furnished to Portland Public Schools to use the information for employment purposes, including hiring, promotion, reassignment, or retention as an employee. I understand that the scope of the consumer report and/or investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I understand that information from the consumer report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

I, _____, authorize the complete release of the records or data pertaining to me that an individual, company, firm, corporation or public agency may have, including the information that I provided on the Criminal History Verification Form, to prepare the above-described consumer report. I hereby authorize and request any present or former employer, school, law enforcement agency, financial institution or other persons having personal knowledge of me to furnish Portland Public Schools or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Date

Signature