

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):	PPS	Attn: Security Services
Street:	501 N Dixon	
City, State, Zip:	Portland, OR 97227	
Phone Number:	503-916-3000	Email Address: SecurityServices@pps.net Fax: 503-916-3016
	_____	_____
	Applicant's Signature	Date

SECTION 2	TO BE COMPLETED BY PREVIOUS EMPLOYER	
The applicant above was employed/contracted by our district/school.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed as (job title)	_____	from (mo./yr.) _____ to (mo./yr.) _____
District/School Name:	_____	Date applicant was fingerprinted _____
Fingerprint Cleared by ODE:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Date Cleared: _____ ODE (OCA) # _____	
Printed Name of Person Completing Form:	_____	Phone Number: _____
Signature of Person Completing Form:	_____	Date: _____