

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	_____	_____ xxx-xx- Social Security Number
Address: _____	_____	_____ Date of Birth
Previous Employer (District/School Name): _____	Portland Public Schools	
Street: _____	Backgroundcheck@pps.net	
City, State, Zip: _____	503-916-3000	
Current Employer (District/School Name): _____	_____	Attn: _____
Street: _____	_____	
City, State, Zip: _____	_____	
Phone Number: _____	Email Address: _____	Fax: _____
_____	_____	_____
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: _____ Portland Public Schools		
Fingerprint Cleared by ODE: Yes No If yes, Date Cleared: _____ ODE (OCA) # _____		
Printed Name of Person Completing Form: _____ Phone Number: _____ 503-916-3000		
Signature of Person Completing Form: _____ Date: _____		