

Silver Falls School District 4J Employee/Volunteer Background Information

You must respond to each question with accurate and honest information. Failure to provide information or providing inaccurate information will result in the denial of your application. If you are already employed and it is determined that you have provided incomplete or inaccurate information, this determination will result in your termination as an employee.

Please print your full and complete name including middle name

Date of Birth

Place of Birth (City & State)

Social Security Number

Driver's License Number

For Volunteers - Volunteering at which school/schools

List any other names you have used **including maiden name** if one:

Name

Name

Your home address: _____

Home Phone: _____

Other Ph. #: _____

List any other States you have lived in other than Oregon and the times in which you lived there:
(If additional space is needed, use the Comments section of Page #2)

State

Year(s)

State

Year(s)

State

Year(s)

State

Year(s)

Have you ever been arrested for or charged with a crime? Yes No

Note* Actions taken by you or by others on your behalf, to Expunge, Set-Aside or clear records of arrest or prosecution **Does Not remove your obligation to respond honestly to this question. (If additional space is needed, use the Comments section of Page #2)*

Crime

Year

Location (City & State)

Crime

Year

Location (City & State)

Have you ever been under Court Order prohibiting your contact with a person or place, such as a Restraining Order, Stalking Order or a "No Contact" Order? Yes No

If Yes, what was the nature of the action and where and when did this take place?

Nature (such as Restraining or Stalking Order) Location (City & State) Year

Nature Location (City & State) Year

Have you ever had your driving privileges revoked or suspended in this or any other State? Yes No

Reason why Suspended or Revoked Location (City & State) Year

Reason why Suspended or Revoked Location (City & State) Year

Is there any information that you wish the Background Investigator or the District to consider regarding any of your responses on this document or about any information that will be discovered during the investigation?

(Print your name on first line and sign and date at the bottom of this authorization for release of information)

I _____, state that all the information on this form is accurate and complete and is provided in good faith. Through my signature below I authorize the Silver Falls School District, Willamette Education Service District and their representatives to investigate this information. Further, with my signature I give irrevocable consent to all governmental agencies, public or private companies and individuals to release information regarding me to the Willamette Education Service District and to their representative, Protective Research, Inc.

Signature

Date

IF YOU PREFER, YOU MAY SEND THIS FORM DIRECTLY TO THE SILVER FALLS SCHOOL DISTRICT OFFICE: Silver Falls School District, Attn: Personnel Office, 802 Schlador Street, Silverton, OR 97381