



Eugene School District 4J

# Criminal Background Check Form

**This information is confidential and will be stored in a confidential manner.**

School: \_\_\_\_\_

Student name(s): \_\_\_\_\_

Last Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Middle Name:

(full name required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth ( mm/dd/yyyy): \_\_\_\_\_

Other Last Names Used: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_

- A. Have you ever been convicted of any drug or child abuse related crimes? \_\_\_ Yes \_\_\_ No
- B. Have you ever been convicted of any crimes related to violence? \_\_\_ Yes \_\_\_ No
- C. Have you ever been convicted of a major traffic violation, including DUI? \_\_\_ Yes \_\_\_ No
- D. Have you ever been convicted of ANY misdemeanor or felony crimes? \_\_\_ Yes \_\_\_ No
- E. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? \_\_\_ Yes \_\_\_ No
- F. Have you ever had a restraining order filed against you? \_\_\_ Yes \_\_\_ No

**If "Yes" to any question, please complete the following:**

Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Explanation: \_\_\_\_\_

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize District 4J to check criminal and/or civil records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

_____ Approved	By: _____	Date: _____
_____ Forwarded	To: _____	Date: _____
_____ Disapproved	By: _____	Date: _____