



Eugene School District 4J

Criminal Background Check Form

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

School: _____

Last Name:

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First Name:

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Middle Name:

(full name required)

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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 DUII? ___ 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: _____