



North Santiam School District 29J
Employee/Volunteer Background Information

Volunteer Coach Sport _____

Field Trip _____

School _____

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 and may subject you to being charged with the crime of False Swearing (ORS: 162.075)

 Last Name First Name Middle Name Place of Birth (City, State) Date of Birth

 Street Address City State Zip Code SSN (voluntary)

 Drivers License # & State Name on Drivers License (if different) List Other Names Used

List any other State you have lived in other than Oregon and the year(s) you lived there. If additional space is needed, use the comments section on Page 2.

 State & Years

 State & Years

 State & Years

 State & Years

Have you ever been arrested for or been charged with any 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, please use comment section on Page 2.

 Crime Year City State

 Crime Year City State

 Crime Year City State

Have you ever been a named party in a civil suit or action?

YES NO

If yes - indicated when & where:

 Year City State

Have you ever had your driving privileges revoked or suspended in this or any other State?

YES NO

If yes - indicated when & where:

 Year City State

 Year City State

 Year City State

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?

My statements on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can result in my being prosecuted for a crime. Through my signature I grant the North Santiam School District and their representatives authority to investigate the information that I have provided in this statement by communicating with all appropriate parties to verify its factual accuracy.

Signature _____ Date _____ Phone (required) _____

Print Name _____

District Accepted OJIN Check Verified BIO-MED Check TSPC Check Verified