

**South Umpqua School District #19**  
**558 SW Chadwick**  
**Myrtle Creek, OR 97457**  
**(541) 863-3115**

**Employee/Volunteer Background Information**

You must respond to each question with accurate and honest information. Please be sure to mark the yes or no box of each question. 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).

Name: Last	First	Full Middle	Date of Birth
Physical Address		Mailing address (if other than physical)	
Place of Birth		SSN# (Voluntary Only)	
List any other names you have used:		Drivers License# or ID#(State)	

Maiden Name	Other First or Last Names previously used
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List any other State you have lived in other than Oregon and the beginning and ending year of your residence in that State. If additional space is needed, use the comments section on Page 2.

Example: Hawaii	2002 to 2006
State	List the years residing in that State
State	to
State	List the years residing in that State
State	to
State	List the years residing in that State

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	Location (City & State)
Crime	Year	Location (City & State)
Crime	Year	Location (City & State)

*It is necessary to complete the other side ⇨*

Have you ever been named party in a civil suit or action? Yes  No   
If yes, where and when did this take place?

\_\_\_\_\_  
Location Year

\_\_\_\_\_  
Location Year

Have you ever had your driving privileges revoked or suspended in this or any other State?  
If yes, in what State and when did this occur? Yes  No

\_\_\_\_\_  
Location Year

\_\_\_\_\_  
Location 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 South Umpqua 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.

\_\_\_\_\_  
Applicants Signature Date

\_\_\_\_\_  
Print Full Name Contact Phone Number (required)

Please check what building you request to volunteer in:  
MCE  TCE  C'ville  Coffenberry  SUHS

District Use: District Accepted <input type="checkbox"/>	OJIN Check Verified <input type="checkbox"/>	TSPC Check Verified <input type="checkbox"/>
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