Sherman County
Criminal Records Check
Employee or Volunteer (potential or current)
(Subject Individual)

Confidential Information

CRIMINAL HISTORY REQUEST

To be completed by Department Head or Supervising Agency Director:

1 Name of Department Head or Director of Supervising Agency and contact information.	Type of Position ____County Employee ____Volunteer ____Clerical ____Fiscal ____Laborer ____Supervisory ____Board/committee Member (Advisory, etc) ____Other _____ Position or job title / Start Date
Position Status (check each box that applies to this position) ____Contact with children ____ Permanent ____Contact with vulnerable adults ____Temporary ____Supervises groups of children ____ Involves driving ____Supervises other employees ____ Labor only ____Direct contact with public ____ Fiscal responsibilities ____Decisions regarding programs affecting vulnerable people	**SHERIFF'S DEPT USE ONLY** ❑ Approved for service in position above ❑ Approved with constraints _____ ❑ Denied ❑ Fingerprints Required If you wish to inquire regarding reason for denial contact the Sheriff's Office for procedure.

Potential or current Employee or volunteer, please Complete the following (please print legibly):
Your services as an employee or volunteer in Sherman County is subject to the completion of a criminal history records check.

_____ _____ _____ ____/___/____
Last name First name Middle name Date of Birth

_____
Maiden Name, and/or Previous married names, Aliases, etc.

_____ _(____)_____
Street Address City State Zip Code Telephone number

_____ Gender: ____Male ____ Female
Mailing Address City State Zip Code
(if different than street address)

_____ _____ _____-_____-_____
Driver's License (State & Number) Social Security Number (optional)

Please note: We will follow the Department of Human Services Criminal History Check Rules, *effective March 1, 2004*, to complete final fitness determinations for individuals. In that serious felonies and misdemeanors involving violence or unauthorized sexual conduct, especially with children or otherwise vulnerable persons, is fundamentally inconsistent with any responsibility with unsupervised contact with children and vulnerable persons and thus would automatically disqualify a subject from working or volunteering in such programs for Sherman County. These crimes are listed in the instructions. If you have been convicted of any one of them, please do **NOT** volunteer or work in such programs.

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Yes **No** Have you lived outside the State of Oregon anytime during the 5 years prior to today's date?
Circle one If you cirlcled "Yes", list out-of-state residences during past 5 years. Use additional paper if necessary.
City, State or Country From (month/yr) Until (month/yr)

_____

_____

A. List all arrests and charges that did not result in a conviction, regardless of how long ago.		
Date Estimate if not known	**Charge or Arrest**	**Location** (city, state)

Use additional paper if necessary.

B. List all convictions and charges that did not result in a conviction, regardless of how long ago.		
Date of Conviction Estimate if not known	**Crime** (include felonies, misdemeanors, probations violations and failures to appear)	**Location** (city, state)

Use additional paper if necessary.

C. If you have any Convictions (Box B) or arrest history (Box A), you must explain the circumstances and what you have done to change your life since this history (see Instructions).

Use additional paper if necessary.

I understand that a criminal and background history check of Oregon and (if applicable) federal records by the Sherman County Sheriff's Department will be completed on me and the information may be shared with Sherman County Court (in executive session) and the person listed in Box 1. I understand that including my social security number is voluntary. I certify that all information provided on this form, and any attachments, is correct and complete. I have read and understand the instructions for completing this form.

_____ _____
Signature Date