

**CITY OF PORTLAND
CRIMINAL RECORDS CHECK CONSENT FORM**

Position: _____ Center Code: _____ Site: _____

If you have been convicted of an offense other than a minor traffic violation or juvenile offenses, please provide details on a separate sheet of paper. Indicate the date, charges, disposition, and the state and county in which the offense occurred. **Conviction history will not automatically disqualify you from employment but factors such as the nature and gravity of the crime, the length of time that has passed since the conviction, the completion of any sentence, and the nature of the job for which you have applied, will be considered.**

By your signature, you authorize the City of Portland to obtain information about you and your history. Falsification of information on this form will disqualify you from employment.

PLEASE PRINT THE FOLLOWING INFORMATION IN INK.

FULL NAME (List all other names used - aliases, maiden name and any other previous names)

FULL NAME _____ **OTHER NAMES USED** _____
(LAST, FIRST, MIDDLE - PLEASE PRINT) (PLEASE PRINT)

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER** _____ **DRIVER'S LICENSE** _____
LICENSE NO./STATE

HOME ADDRESS _____ **CITY, STATE, ZIP** _____ **PHONE** _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? Yes No

If the position applied for involves driving, have you ever been convicted, pleaded *nolo contendere* or forfeited bond or bail for any traffic violation in the past 3 years? Yes No **If yes, please explain.**

Please list **ALL** convictions (use additional sheets, if necessary).

NAME (when charged)	CONVICTION	DATE (approx.)	CITY & STATE

I have made no willful misrepresentations, omissions, or falsifications of any of the preceding answers. I am aware that, should investigation disclose such misrepresentations, falsifications, or omissions in the information I have submitted in the application process, my application will be rejected. If, after acceptance of employment, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal.

Signature _____ Date _____

<input type="checkbox"/> CIS Check Date: _____ By: _____	<input type="checkbox"/> File Opened	Conviction found? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Approved for Hire	(see reverse side for details)	
<input type="checkbox"/> Disapproved		

PLEASE COMPLETE BOTH SIDES OF THIS FORM

ADDITIONAL INFORMATION

Name:			
SSN:		Date:	
How long have you lived in Oregon?			
<i>If less than 7 years continuous in Oregon, please complete the following:</i>			
City	State	County (if known)	Dates
Dates available for employment: From			To