

FINGERPRINT-BASED CRIMINAL HISTORY CLEARANCE REQUEST

PREVIOUS EMPLOYER: The individual identified in SECTION 1 below has indicated that you employed him/her in a classified position that required fingerprinting.

Please complete SECTION 2 and return to the current employer shown in SECTION 1.

SECTION 1	TO BE COMPLETED BY EMPLOYEE/ CURRENT EMPLOYER	
Employee's Full Name:	<input type="text"/> Last, First, Middle	<input type="text"/> Social Security Number
Address:	<input type="text"/>	<input type="text"/> Date of Birth
Previous Employer (District/School Name):	<input type="text"/>	
Street:	<input type="text"/>	
City, State, Zip:	<input type="text"/>	
Current Employer (District/School Name):	<input type="text"/>	Attn: <input type="text"/>
Street:	<input type="text"/>	
City, State, Zip:	<input type="text"/>	
Phone Number:	<input type="text"/>	Email Address: <input type="text"/> Fax: <input type="text"/>
<input type="text"/> Applicant's Signature		<input type="text"/> Date

SECTION 2	TO BE COMPLETED BY PREVIOUS EMPLOYER	
The applicant above was employed/contracted by our district/school. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employed as (job title)	<input type="text"/>	from (mo./yr.) <input type="text"/> to (mo./yr.) <input type="text"/>
District/School Name:	<input type="text"/>	
Fingerprint Cleared by ODE: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Date Cleared: <input type="text"/>	ODE (OCA) # <input type="text"/>
Printed Name of Person Completing Form:	<input type="text"/>	Phone Number: <input type="text"/>
Signature of Person Completing Form:	<input type="text"/>	Date: <input type="text"/>