

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: _____ Last, First, Middle _____ Social Security Number _____	
Address: _____ Date of Birth _____	
Previous Employer (District/School Name): _____	
Street: _____	
City, State, Zip: _____	
Current Employer (District/School Name): _____ Attn: _____	
Street: _____	
City, State, Zip: _____	
Phone Number: _____ Email Address: _____ Fax: _____	
_____ Applicant's Signature _____ 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) _____ from (mo./yr.) _____ to (mo./yr.) _____	
District/School Name: _____	
Fingerprint Cleared by ODE: Yes No If yes, Date Cleared: _____ ODE (OCA) # _____	
Printed Name of Person Completing Form: _____ Phone Number: _____	
Signature of Person Completing Form: _____ Date: _____	