Knappa School District No. 4
William Fritz Ph.D. KSD Superintendent

Vendor Background Check Form

District Contact: Jen Morgan, morganj@knappak12.org, 503-458-5993 Ext. 302

*Please **PRINT** Clearly, Complete all Fields*

Legal Last Name	Legal First Name	Legal Middle Name

Other Last Names Used - Including Maiden Name	Social Security Number	Date of Birth mm/dd/yyyy

Driver's License #	Issue State	Company Phone	Company Name

Address	Company Supervisor

Phone Number *Email* *Date of Work to Begin*

Providing your social security number on this form is voluntary. State and federal laws protect the privacy of your records.

Please respond to the following questions:

Have you ever been convicted of any crimes which are drug related or related to child abuse?	YES ☐	NO ☐
Have you ever been convicted of any crimes related to violence, including abuse prevention?	YES ☐	NO ☐
Have you ever been convicted of a major traffic violation, including DUI?	YES ☐	NO ☐
Have you ever been convicted of ANY misdemeanor or felony crimes?	YES ☐	NO ☐
Have you ever been arrested for a crime for which there has not yet been an acquittal or dismissal?	YES ☐	NO ☐

If yes, complete the following:

Date	County	State

Type of Offense

I hereby grant to the school district permission to check civil or criminal records to verify any statement made on this form.

Regardless of whether the applicant grants consent, the Knappa school district will conduct a criminal offender record check of applicants for all prospective school employees, volunteers and vendor employees working with or around children on our district campus. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and industries, Civil Rights Division, State office Building, Suite 1070, Portland, Oregon 97323, telephone (503)731-4075.

ALL vendor employees MUST be wearing a badge indicating Name and Vendor Company.

I acknowledge reading and the receipt of this notice.

Signature	Date

For Office Use Only

Submitted to CRIS (Date) _____ **OR** *Recent background check completed on (Date)_____*

Background Check Completed by _____ APPROVED ☐ DENIED ☐

Comments:

_____