PERSONNEL POLICIES AND PROCEDURES OREGON MILITARY DEPARTMENT AGP Policy 99.300.05

Printed Name

Attachment B

Date

Criminal History Disclosure Form

Purpose: The Criminal History Verification is to assist the Oregon Military Department (OMD) in making an informed decision about Subject Individual qualifications. In assessing the pertinence of a conviction record, the OMD will consider such factors as the nature of the crime, when and where it occurred, and the duties of the position for which the application is made.

Warning: Falsely responding to any of the questions listed below or omitting relevant information, may constitute a basis for disqualification of your application or termination of your employment.

Please answer the following questions:		
1.	Please list all citations, arrests, or convictions of crimes you have had.	
	(You may use additional paper if needed to attach to your response.)	
2.	If you were convicted, please complete the following:	
	Crime: State crime was committed: Details:	
	(You may use additional paper if needed to attach to your response.)	
3.	Have you lived outside the State of Oregon any time in the last three (3) years prior to today's date? YES NO	
	a. If yes, are you including a copy your driving record for evaluation?YES NO	
	b. If yes, do you understand that you will have to submit your fingerprints for evaluation to continue t background check process?	he
	 Yes, I understand and am willing to submit my fingerprints. No, I am not willing to submit my fingerprints. 	
mi ma	rtification and Signature : I understand that any oral or written statement that is false, fraudulent or sleading that is contained in this form, or made in the course of any related employment process, whether de by me or by others at my request, may result in rejection of my application, denial of employment or missal if discovered after employment, and/or prosecution for a crime.	

Signature