

**Criminal History Release Form**

First Name:		Last Name:	
Middle Name:		Previous Last Name:	
SSN:		DOB:	
Driver License Number:		State Issued:	

I, \_\_\_\_\_, have been offered a conditional job offer for the position of \_\_\_\_\_. I have been advised that a criminal background check is required for the position for which I have applied.

I hereby authorize and direct the Oregon Military Department, its officers or agents, to obtain any and all information regarding my criminal history that includes Law Enforcement Data System (LEDS) and National Criminal Information Center (NCIC) checks. Depending upon the position for which I have applied, I understand that I may have to be fingerprinted as part of the criminal background check process.

I understand that a conviction of a crime will not automatically preclude my employment unless my criminal history has a relationship to the job for which I am applying or my criminal history is of such a nature that it may compromise the security of classified information, equipment, materials, or munitions housed in and around the facilities in which I would work.

I hereby exonerate, release and discharge the Oregon Military Department, its officers or agents from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for authorizing release of the information requested herein.

I understand that certain convictions in my past may result in revocation of a job offer, removal from trial service, or dismissal. Furthermore, I have been informed that should unfavorable criminal history be found, I may be notified and given an opportunity to refute or provide additional information prior to the Military Department taking any adverse action.

I understand that my criminal background record will be kept in a confidential file in the State Personnel Office or, if applicable, by the agency processing my security clearance. I have been advised that six (6) months after my separation from the Military Department, my criminal background information will be destroyed.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Witness                      Date

\_\_\_\_\_  
Printed Name of Witness

☐ FAVORABLE                      ☐ UNFAVORABLE

\_\_\_\_\_  
Printed Name of Security Officer

\_\_\_\_\_  
Signature                      Date

**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.

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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 the background check process?

☐ Yes, I understand and am willing to submit my fingerprints.

☐ No, I am not willing to submit my fingerprints.

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**Certification and Signature:** I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this form, or made in the course of any related employment process, whether made by me or by others at my request, may result in rejection of my application, denial of employment or dismissal if discovered after employment, and/or prosecution for a crime.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date