

Condon School District  
**Criminal Background Check Form**

**This information is confidential and will be stored in a confidential manner.**

**School:** \_\_\_\_\_

**Student name(s) :** \_\_\_\_\_

**Last Name:**

**First Name:**

**Middle Name:**  
**(full name required)**

**Date of Birth ( mm/dd/yyyy):** \_\_\_\_\_

**Other Last Names Used:** \_\_\_\_\_

**Driver's License # & State:** \_\_\_\_\_

- A. Have you ever been convicted of any drug or child abuse related crimes? \_\_\_ Yes \_\_\_ No
- B. Have you ever been convicted of any crimes related to violence? \_\_\_ Yes \_\_\_ No
- C. Have you ever been convicted of a major traffic violation, including DUII? \_\_\_ Yes \_\_\_ No
- D. Have you ever been convicted of ANY misdemeanor or felony crimes? \_\_\_ Yes \_\_\_ No
- E. Have you ever had a restraining order filed against you? \_\_\_ Yes \_\_\_ No

**If "Yes" to any question, please complete the following:**

Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Explanation: \_\_\_\_\_

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize District 4J to check criminal and/or civil records.

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

**For Office Use Only**

_____ <b>Approved</b>	<b>By:</b> _____	<b>Date:</b> _____
_____ <b>Forwarded</b>	<b>To:</b> _____	<b>Date:</b> _____
_____ <b>Disapproved</b>	<b>By:</b> _____	<b>Date:</b> _____