



City of Central Point Criminal Records Check Release

OAR 259-008-0010(4) states, in part, that “No police, corrections, or parole and probation officer shall have been convicted: (a) In this state or any other jurisdiction, of a crime designated under the law where the conviction occurred as being punishable as a felony or as a crime for which a maximum term of imprisonment of more than one (1) year may be imposed; (b) Of violating any law involving the unlawful use, possession, delivery, or manufacture of a controlled substance, narcotic, or dangerous drug; (c) In this state of violating any law subject to denial or revocation as identified in OAR 259-008-0070 or has been convicted of violating the statutory counterpart of any of those offenses in any other jurisdiction.”

In order to determine eligibility for employment in accordance with OAR 259-008-0010, the City of City of Central Point will conduct a criminal records check on applicants. This records check is solely for the purpose of determining minimum qualifications for the position and shall not in any way be construed as a job offer. This preliminary records check for the purpose of determining minimum qualification shall not take the place of a complete background investigation, including criminal background check, should the applicant be offered employment.

APPLICANT Complete this Section:

You must provide ALL of the following information. Please print legibly. If necessary, indicate “unknown” if information is unknown or “n/a” if not applicable. Do not leave blank spaces.

Full Name _____
Last First Middle

Social Sec Number: _____ **Driver’s License #:** _____

Date of Birth: _____ **State of DL Issue:** _____
Mo Day Year

Other Names Used (maiden name, alias, nick name, etc.): _____

Current Address How long have you been at this address? _____

_____ Street Address City State Zip Code

Previous Address How long did you live at this address? _____

_____ Street Address City State Zip Code

If you have lived outside of Oregon in the last 7 years, list the dates, city(s) and state(s) of residence if not listed above: _____

AUTHORIZATION TO CONDUCT BACKGROUND CHECK:

By my signature, I authorize the City of Central Point to conduct a criminal records check to determine whether or not I meet the DPSST standard for employment as a law enforcement officer (OAR 259-008-0010(4)). I hereby exonerate, release and discharge the City, its officers, agents, assigns and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this release. I acknowledge that the results of the criminal records check will be kept confidential and only made available to those with a legitimate business purpose for receiving the information. This authorization will be valid for a period of one year from the date of my signature.

Applicant’s Signature

Date

| | |
|-------------------------------|---------------------|
| <i>For Official Use Only:</i> | |
| Checked by: _____ | Date Checked: _____ |
| Results: _____ | |