

Falls City School District 57

Code: **JHFF-AR**
Revised/Reviewed: Unknown

Disclosure Release

Education Provider: _____

Address: _____

City, State, Zip: _____

The applicant named below is under consideration for employment in our district. This individual has previously been employed with your organization. As a former employer, we request you provide the information requested on this form within 20 business days pursuant to ORS 339.374.

Applicant's Full Name: _____

Dates of Employment: _____

Position Held: _____

I authorize you to release to the district listed below, all information related to any substantiated reports of child abuse, sexual conduct or crimes listed on ORS 342.143. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature

Date

This section to be completed by previous employer only.

No Record of Employment

The employee **was** **was not** the subject of a substantiated report of child abuse or sexual conduct related to the applicant's employment with the educational provider.

Dates of any substantiated reports: _____

Please attach the definitions of child abuse and sexual conduct used by the district when the education provider determined that any reports were substantiated and the standards used by the district to determine whether any reports were substantiated.

Former Employer Representative Signature

Date

Printed Name

Job Title

Return Completed information to: Falls City School District
Human Resources
111 N Main Street
Falls City, OR 97344