

Oxford Community Schools

CRIMINAL CONVICTION HISTORY FORM

I understand that as an employee and/or volunteer for Oxford Community Schools, I am subject to a criminal conviction history check if requested.

I understand that the information below is required by the Michigan State Police for the criminal conviction history check. I authorize the Oxford Community School District to utilize this information for the sole purpose of obtaining a conviction-only history file search.

(PLEASE PRINT CLEARLY)

Position or activity applied for:	Sponsor/Teacher:	
Name:		
Last Maiden name:	First	Middle
Additional names (or A.K.A's):		
Date of Birth:		ex: Male Female ace:
*Driver's License No:		Am. Indian/Alaskan Native Asian Black/African American
State of Issuance:		Native Hawaiian/Pacific Islande White
Contact number:		Hispanic/Latino
a copy of your driver's license is required		
Pursuant to 1993 Public Act 68, I repres	ent that (you must check one)):
I do not have any charges pending aga contendere (no contest) to any crimes.		ed of, or pled guilty or nolo
I have charges pending and/or have be following crimes. Use separate sheet to		
a		
b		
	Sign	