

**Central Oregon Community College**  
**RELEASE FROM LIABILITY and CONSENT TO CHECK CRIMINAL/CREDIT HISTORY**

ENTER YOUR NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE. PLEASE TYPE OR PRINT LEGIBLY.  
 LAST FIRST FULL MIDDLE

Title of position you are applying for: \_\_\_\_\_

List other name(s) used (maiden name, previous married name(s), aliases, legal name change, assumed names) including appropriate dates of name change:

Name Date

Name Date

Current Address:

Address City State Zip

List residences outside of current county during the past ten years (use the back if necessary):

City State From To

City State From To

City State From To

City State From To

City State From To

DOB: Month Day Year	SSN: - -	Driver's License (if available): # State of Issue
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**NOTE:** Convictions of a misdemeanor or felony crimes DO NOT automatically drop off your record after a specific period of time. The court must be petitioned in order to have any conviction or crime removed. Falsely responding to the questions below will result in your disqualification for employment or termination of your employment status.

Have you ever been convicted of a misdemeanor or felony as an adult? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list the circumstances and date. A criminal conviction is not necessarily a bar to college employment; decisions will be made on a case-by-case basis.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION AND SIGNATURE:**

I understand that I have been offered employment at Central Oregon Community College (COCC) which requires that my criminal &/or my credit history be checked to verify my qualifications for this position. I understand that the results of this criminal &/or credit history check may result in the withdrawal of this employment offer from COCC.

I have read and understand this form. I authorize COCC to conduct a criminal &/or credit history check on me. I am providing complete and accurate information. I understand that if I do not provide the requested information or if I do not tell the truth, that I may be disqualified from employment at COCC. I understand that my signature on this form authorizes COCC and/or its agents to obtain information about me from the Oregon State Police, the Federal Bureau of Investigation (FBI) and/or other law enforcement agencies and courts. My signature here also allows COCC to recheck my criminal and/or credit history if I am employed.

I hereby release and discharge to the extent permitted by law, Central Oregon Community College, its employees, and any individual or agency obtaining information for Central Oregon Community College, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, (2) request a written summary of my rights under the Fair Credit Reporting Act, and (3) may appeal Central Oregon Community College's decision to disqualify me for employment based upon the results of my criminal &/or credit background investigation if I contest that the information revealed by such investigation is incorrect. I have read and understand all of the above information.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Applicants should return this form to: Central Oregon Community College, Office of Human Resources, Metolius 101, 2600 NW College Way, Bend, OR 97701**