



**OREGON STATE SEXUAL CONDUCT\*  
DISCLOSURE RELEASE**



(District Submits This Form to Previous School District Employer(s))

<b>To:</b>	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> <b>No Prior School District Employment</b>
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The named applicant is under consideration for a position in our district and has had previous employment with your organization. As a former employer, we request you provide the information on this form within 20 business days as required by Oregon State law. Your assistance is appreciated.

APPLICANT NAME (FIRST, MIDDLE, LAST)
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION
CERTIFICATE NUMBER (State of Issuance)
APPROXIMATE DATES OF EMPLOYMENT
POSITION(S)

I certify that I have not been the subject of a substantiated report of child abuse or sexual conduct or the subject of any such ongoing investigation.

Check one below:

Yes     No

I authorize you to release to the North Bend School District all information related to whether I was subject to any substantiated reports of child abuse or sexual conduct\* related to my employment with you. Such information includes copies of all related disciplinary records required to be released as provided by ORS 339.375 (7).

<b>Applicant Signature</b>	<b>Date</b>
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<b>This section to be completed by former school district employer(s) only</b>	<input type="checkbox"/> <b>No record of employment</b>
Dates of employment: _____	
From                                  To	
The applicant was the subject of any substantiated reports of child abuse or sexual conduct.	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, the dates of any substantiated report(s): _____	
The applicant is the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct.	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
The definition of child abuse and sexual conduct used by the education provider when such report(s) were substantiated	_____
	_____
The standards used by the education provider to determine when such report(s) were substantiated.	_____
	_____

Former Employer Representative Signature	Title	Date
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North Bend School District Receipt Date	Received By
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**Return all completed information to:**

SCHOOL DISTRICT	
South Coast ESD	ATTN: Kathy Metzger
ADDRESS	PHONE NUMBER
1350 Teakwood	541-266-3951
CITY, STATE, ZIP	FAX NUMBER
Coos Bay, OR 97420	541-266-4040

Information received on this form is confidential and is not subject to public record as defined in ORS 192.410. An education provider may only use this information for the purpose of evaluating an applicant's eligibility to be hired. An education provider may not hire an applicant who does not comply with this requirement. An education provider may hire an applicant on a conditional basis pending the education provider's review of information and records received on this form.

\*Sexual conduct is defined as any verbal or physical conduct by a school employee that is sexual in nature; is directed toward a K - 12 grade student; has the effect of unreasonably interfering with a student's educational performance; and creates an intimidating, hostile or offensive educational environment. (Oregon Legislature House Bill 2062, 2009 Legislative Session)



South Coast ESD  
 1350 Teakwood, Coos Bay, OR 97420  
 541-266-3951 Fax: 541-266-4040  
 www.scesd.k12.or.us/substitutes



## Criminal History Verification Request

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

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please send a copy of the Oregon department of Education Fingerprint Based Criminal History Verification (581-2283-C), which was completed to comply with the law regarding criminal records check to:

Kathy Metzger  
 South Coast ESD  
 1350 Teakwood  
 Coos Bay, OR 97420  
 541-266-3951 Fax 541-266-4040

Name: \_\_\_\_\_  
Last/First/Middle

Address: \_\_\_\_\_  
Street/P.O. Box  
 \_\_\_\_\_  
City/State/Zip

Social Security Number: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Sending Verification\*

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\*Please sign above and return this form with the form 581-2283-C. You may wish to keep a copy of this form for your files.





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## EMERGENCY DATA SHEET

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

Your Legal Name: \_\_\_\_\_

Last/First/Middle Initial

Address: \_\_\_\_\_

Street

\_\_\_\_\_  
 P.O. Box #/Apt#

\_\_\_\_\_  
 City/State/Zip

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

### **WHO TO NOTIFY IN CASE OF AN EMERGENCY: (Please print)**

First

Second

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Street

\_\_\_\_\_  
 City/State/Zip

\_\_\_\_\_  
 City/State/Zip

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

**(You are not required to answer this question)**

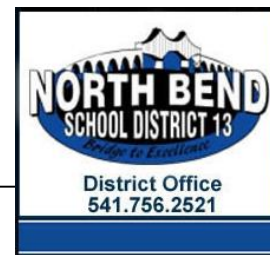
Medical Alert: Do you have any medical problems that we should be aware of for emergency treatment reasons

\_\_\_\_\_Yes\_\_\_\_\_No    If yes, please describe below:

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



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## Race & Ethnicity Information Form

Beginning in 2010, new federal regulations require that all U.S. schools gather statistical data on staff ethnicity using new categories. Both questions below *must* be answered to complete all staff records.

### Staff Information

Name: \_\_\_\_\_ School: \_\_\_\_\_

**Question #1 (required): ETHNICITY — Are you Hispanic or Latino?**  Yes  No

*All persons of Latino, Hispanic or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican, or other Spanish-speaking country of origin, regardless of race or original language) should answer "Yes." All persons answering "Yes" to this first question will be recorded as Hispanic/Latino. Continue to Question #2.*

**Question #2 (required): RACE — Please mark all that apply.**

*You must mark at least one category. Those who choose more than one category will be reported as multiracial.*

➤ American Indian or Alaska Native:

- U.S. *A person having origins in any of the indigenous peoples of the continental U.S. or Alaska.* Tribal affiliation, if known: \_\_\_\_\_
- Latin America and Canada *A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the Caribbean.*

Asian *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

Black or African American *A person having origins in any of the original peoples of the Black racial groups of Africa.*

Native Hawaiian or Other Pacific Islander *A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.*

White *A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

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

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



# NORTH BEND SCHOOL DISTRICT

1913 MEADE STREET • NORTH BEND, OREGON 97459-3432  
 (541) 756-2521 • (541) 756-1313  
 Superintendent Bill Yester

## VERIFICATION OF EMPLOYMENT/SICK LEAVE

<b>Authorization for Release of Information (To be completed by Employee)</b>	
Name (Last, First, MI):	Social Security Number:
Mailing Address:	City, State, Zip
Name under which service was rendered (if different than above):	Employee Signature <span style="float: right;">Date</span>

<b>Verification of Teaching Experience (To be completed by School District Personnel)</b>				
<p>The individual named above has been hired by North Bend School District and indicated past certificated experience with our district as a teacher or administrator. List chronologically each school year of teaching service rendered under your jurisdiction by the applicant and return this form to us at your earliest convenience. Final salary determination for this individual will be based on the information you provide. NOTE: Substitute teaching, tutoring, practice work, and student teaching should not be shown as teaching experience.</p>				
Department (High School, Middle School or Elementary):	From: Month/Year	To: Month/Year	Length of Service (in months)	FTE:

### Verification of Sick Leave

Number of unused sick leave hours: \_\_\_\_\_

Number of sick leave hours transferred from another Oregon District: \_\_\_\_\_

***I certify that the above information is true and correct according to our official records.***

Signature of Certifying Officer Title Telephone Date

School District Mailing Address City State Zip

**Return to: North Bend School District, Att: Michelle Collicott, 1913 Meade Street, North Bend, OR 97459 or fax to 541-756-1313**