



Hillsboro School District DISCLOSURE FORM

Applicants: Complete top section of this form.

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior employment with education provider.
	Attn: HUMAN RESOURCES DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	

The Oregon Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Oregon's school children. The named applicant is under consideration for employment in our District and has reported previous employment with your organization. Therefore, we request that you complete this form and return it the address below within 20 business days as required by state law (ORS 339.374). Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION
APPROXIMATE DATES OF EMPLOYMENT
POSITION(S)

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 in ORS 342.143. I release the above employer and the employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature Date

(District Submits This Form to Previous Employer(s) who are Education Providers)

This section to be completed by previous school district employer(s) only.

No substantiated report of child abuse or sexual conduct found.

Yes, a substantiated report of child abuse or sexual misconduct was found. Dates of substantiated reports: _____

Was a complaint of sexual misconduct filed with law enforcement or the Department of Human Services?
 Yes No

No record of employment

For all substantiated reports, please attach the definitions of child abuse and sexual conduct and the standards used by the District to determine that the reports were substantiated.

Former Employer Representative Signature Title Date

Return all completed information to:

SCHOOL DISTRICT		
Hillsboro School District, Human Resources, Attn:		
ADDRESS	PHONE	
3083 NE 49 th Place, AC114	503-844-1500	
STATE	ZIP	FAX
Hillsboro, Oregon	97124	503-844-1779

Employing School Receipt Date _____ Received By _____
HR162 Disclosure Form 2062 Rev. 06/25/10