

SOUTHERN OREGON ESD
SEXUAL MISCONDUCT DISCLOSURE RELEASE
 (TO: PREVIOUS EMPLOYERS THAT ARE EDUCATION PROVIDERS)

1st Education Employer

SCHOOL DISTRICT EMPLOYER
PERSONNEL DEPARTMENT
STREET ADDRESS
CITY, STATE, ZIP

The applicant named below is under consideration for employment in our district. This individual has previously been employed by 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. Your assistance is appreciated.

APPLICANTS NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
DATES OF EMPLOYMENT	<input type="checkbox"/> NO RECORD OF EMPLOYMENT
POSITION(S) 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 in 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.

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 education 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 _____ Title _____ Date

 Printed Name

Return all completed information to:

SCHOOL DISTRICT		
Southern Oregon ESD Attn: Employee Services		
ADDRESS	PHONE	
101 N. Grape Street	541-776-8589	
STATE	ZIP	FAX
Medford, OR	97501	541-779-2018

SOESD Receipt Date _____ Received by _____



SOUTHERN OREGON ESD
SEXUAL MISCONDUCT DISCLOSURE RELEASE
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2nd Education Employer

SCHOOL DISTRICT EMPLOYER
PERSONNEL DEPARTMENT
STREET ADDRESS
CITY, STATE, ZIP

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APPLICANTS NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
DATES OF EMPLOYMENT	<input type="checkbox"/> NO RECORD OF EMPLOYMENT
POSITION(S) 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 in 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.

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 education 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

Title

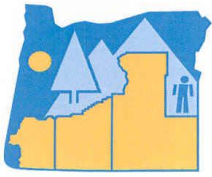
Date

Printed Name

Return all completed information to:

SCHOOL DISTRICT		
Southern Oregon ESD Attn: Employee Services		
ADDRESS	PHONE	
101 N. Grape Street	541-776-8589	
STATE	ZIP	FAX
Medford, OR	97501	541-779-2018

SOESD Receipt Date _____ Received by _____



SOUTHERN OREGON ESD
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3rd Education Employer

SCHOOL DISTRICT EMPLOYER
PERSONNEL DEPARTMENT
STREET ADDRESS
CITY, STATE, ZIP

The applicant named below is under consideration for employment in our district. This individual has previously been employed by 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. Your assistance is appreciated.

APPLICANTS NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
DATES OF EMPLOYMENT	<input type="checkbox"/> NO RECORD OF EMPLOYMENT
POSITION(S) 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 in 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

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- 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 _____ Title _____ Date

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