

# NIOBRARA COUNTY SCHOOL DISTRICT NO. 1

## Oath and Consent Form

Today's Date \_\_\_\_\_

Please print or type

Name \_\_\_\_\_ List all other names used previously \_\_\_\_\_  
           *Last*                      *First*                      *M. I.*                      *Use additional paper if necessary*

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Position you will be working \_\_\_\_\_ Location of Job \_\_\_\_\_

1. List all felonies and misdemeanors (other than misdemeanor traffic offenses or traffic infractions) for which you have ever been convicted. Please attach a description of each crime.

**CRIME****DATE****LOCATION (City, County, State)**


*Use additional pages if necessary*

For the purposes of this question, "convicted" means a conviction by a jury or by a Court and also includes the forfeiture of any bail bond or other security deposited to secure appearance by a person charged with having committed a felony or misdemeanor, the payment of a fine, a plea of *nolo contendere*, and the imposition of deferred or suspended sentence by the Court. A person is deemed to have been convicted of committing a felony or misdemeanor if such person has been convicted under the laws of this state, any other state, the United States, or any territory subject to the jurisdiction of the United States of an unlawful act which, if committed within this state, would be a felony or misdemeanor.

2. Have you ever had a teacher, administrator, special services license, certificate, or any other occupational permit, license, credential, or equivalent document subjected to any disciplinary proceedings, including but not limited to denial, reprimand/admonition credential, suspension or revocation, or have you ever voluntarily surrendered such a document or are you currently under investigation?  
       Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", then on a separate sheet of paper, state the following:

- a. the license, permit, certificate, credential, or any other equivalent document;
- b. the name and number under which it was held;
- c. the issuing and disciplining authority;
- d. the nature of the claim(s);
- e. the date of resolution;
- f. the final disposition, i.e., revocation, suspension, etc.; and
- g. the date and result of any subsequent re-application.

If you are currently under investigation by any licensing or certifying agency, please state:

- h. the agency's name and address; and
- i. the nature of the charge (s) or event (s) that caused such an investigation to occur.

3. Have you ever been dismissed or discharged, have you resigned in order to avoid discipline or discharge, or have you ever been asked to resign by any employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", then on a separate sheet of paper, state the name, address, and telephone number of the employer; the nature of the allegations and the final disposition.

My signature below attests that I understand the following:

1. All criminal agencies are hereby authorized and directed to furnish and release all criminal history record information or confirm that no criminal history record information exists concerning me.
2. This consent to release of records and information is intended to waive any privilege which may assert with regard to the records or information so indicated.
3. The criminal justice agencies will notify the School District of their findings per Wyoming Statutes 21-7-401 and 7-19-201.

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4. A photostatic or facsimile copy of this authorization shall serve in the same status as an original and may be considered as though an original were presented.
5. Any falsification of these records or failure to provide a complete report to questions asked on this form may result in termination of employment or in failure to be employed.

Number of attached pages of explanation to aforementioned items. \_\_\_\_\_

#### ATTESTATION

I hereby attest that all information I am submitting is true and complete to the best of my knowledge. I understand that any intentional misrepresentation may result in termination of employment or in failure to be employed and with this attestation may be punishable by law. I authorize law enforcement agencies, courts, health care providers and custodians of administrative records to disclose to Niobrara County School District No. 1, the Wyoming Department of Criminal Investigation, and the Federal Bureau of Investigation information from records in their possession. I further authorize these agencies to permit the examination and to furnish copies of all records and other reports in their possession and control. I understand that the specified type of information to be disclosed includes reports of any kind contained in my record file, regardless of their origin.

\_\_\_\_\_  
Signature of the Applicant  
(to be signed in the presence of a Notary Public)

State of Wyoming            )  
                                      )ss.  
County of Niobrara        )

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Witness by hand and official seal.

\_\_\_\_\_  
Signature of Notary

(SEAL)

My commission expires: \_\_\_\_\_