

HAWAII COUNCIL OF PRIVATE SCHOOLS

1585 Kapiolani Blvd., Suite 1212

Honolulu, Hawaii 96814

Phone: (808) 973-1540 • Fax: (808) 973-1545

Request for Criminal History Record Clearance for Private School Employees

Part I: Applicant Data

(Applicant, please print (black ink) or type all information in Parts I and II and sign as required)

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Any Alias(es)/Former Name(s) –  
Including Maiden Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
month/day/year

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Employing School(s): \_\_\_\_\_  
(For employment applicants, list the school(s) to which you have submitted an application)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY

Hawaii Criminal Justice Data Center, Department of the Attorney General  
Complete and Return to: Hawaii Council of Private Schools  
1585 Kapiolani Blvd., Suite 1212  
Honolulu, HI 96814

Reports:

By: \_\_\_\_\_ Date: \_\_\_\_\_  
HCJDC Administrator, for the Attorney General

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Part II: Applicant Disclosure Declaration  
*(Please read carefully)*

Our agency screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment, but is considered in view of all relevant circumstances. All applicants are required to complete this disclosure in order to be considered for employment. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

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

Please check the appropriate box:

- I have never been convicted of a crime for which incarceration was a sentencing option.
- I have been convicted of the crime(s) listed below for which incarceration was a sentencing option:  
(Briefly describe below and describe in detail on Form A.)

| <u>Date and Place<br/>of Conviction</u> | <u>Offense</u> | <u>Sentence/Fines</u> |
|---|----------------|-----------------------|
| _____                                   | _____          | _____                 |
| _____                                   | _____          | _____                 |
| _____                                   | _____          | _____                 |
| _____                                   | _____          | _____                 |
| _____                                   | _____          | _____                 |

I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part III: Authorization and Release

I, the undersigned, hereby apply for, authorize, and consent to have an investigation made as to my record of prior convictions for any crime except for: (1) offenses for which incarceration was not a sentencing option, (2) juvenile offenses, and (3) arrests or convictions that have been expunged or sealed, or are otherwise not permitted to be released pursuant to the law of the releasing state.

I authorize every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, or other information pertaining to me, to furnish the Hawaii Council of Private Schools ("HCPS") any such information, and to permit agents and/or employees of the HCPS to inspect and make copies of such documents, records, or other information, and furnish and communicate information obtained in this investigation to the private schools to which I have applied for employment. The private schools to which I have applied are listed in Part I of this Request for Criminal History Record Clearance for Private School Employees ("Request"). I have enclosed payment in the amount of \$60, plus \$3 for each school after the first that is to receive a copy of my criminal history report to cover the fee for obtaining the criminal history report.

To assist in conducting the criminal records check and confirming accuracy of reports, I have provided to HCPS information requested in Part I of this Request, which information will not be transmitted to the schools to which I have applied for employment.

I give my permission: (1) to be fingerprinted at either the HCPS office, or at a private school equipped to take fingerprints for identification purposes; and (2) agree to pay the \$15 fee for such fingerprinting to HCPS or the private school, as may be required. I understand that my fingerprints will be used solely for the purpose of conducting a state-wide and/or nation-wide criminal history record check to determine my suitability for working in close proximity with children; and

I understand that the contents of the reports are confidential, and will be reported to and shared between HCPS and those private schools in Hawaii to which I have submitted an application for employment, and listed in Part I of this Request.

I hereby release, discharge and exonerate HCPS, its employees and agents, any and all private schools in Hawaii at which I have applied, its employees and agents, every firm, company corporation, governmental agency, and person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the HCPS.

In accordance with the Fair Credit Reporting Act, 15 U.S.C. Section 1681, *et seq.*, I understand that upon request, I will be provided a complete disclosure of the nature and the scope of the investigation, advised of any adverse action taken as a result of information contained in a credit report, and provided the name and the address of the reporting agency.

Applicant's Signature: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Phone No.: \_\_\_\_\_

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

Form A: Record of Criminal Cases

Name \_\_\_\_\_  
Last First Middle

Date of incident (or time period involved) \_\_\_\_\_

Location \_\_\_\_\_  
City County State

Title of complaint or indictment \_\_\_\_\_

\_\_\_\_\_

Criminal Number \_\_\_\_\_

Name and complete address of court involved:

*Name of court* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Name and address of law enforcement agency involved:

*Name of law enforcement agency* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Date first heard \_\_\_\_\_

Charge(s) at time of arrest \_\_\_\_\_

Charge(s) at time of trial \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Final disposition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief description of incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence and appeal, if any.

## Form B: Military Service

Name \_\_\_\_\_  
Last
First
Middle

- I am presently a member of the armed forces (Complete A and B)  
 I was a member of the armed forces (Complete A and C)

A. Regular armed forces:     Air Force     Army     Coast Guard     Marine Corps     Navy  
 Reserve components:     Air Force     Army     Coast Guard     Marine Corps     Navy  
 National Guard:     Air Force     Army  
 My serial number was/is \_\_\_\_\_ My rank was/is \_\_\_\_\_

Dates of service: Active Duty – From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
 Reserve Duty – From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_  
 National Guard – From Mo/Yr \_\_\_\_\_ To Mo/Yr \_\_\_\_\_

Attach a copy of all your Reports of Separation (DD Form 214).

B. For ACTIVE AND RESERVE PERSONNEL ONLY: Check     Active     Reserve

Present duty station \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone number (\_\_\_\_) \_\_\_\_\_  
 Name of commanding officer \_\_\_\_\_

- C. While a member of the armed forces of the United States:
- |  |   |
|--|---|
| 1. Did you receive an honorable discharge?                       | <input type="checkbox"/> Yes <input type="checkbox"/> *No |
| 2. Were you ever court-martialed?                                | <input type="checkbox"/> *Yes <input type="checkbox"/> No |
| 3. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ) | <input type="checkbox"/> *Yes <input type="checkbox"/> No |
| 4. Were you allowed to resign in lieu of court-martial?          | <input type="checkbox"/> *Yes <input type="checkbox"/> No |
| 5. Were you administratively discharged?                         | <input type="checkbox"/> *Yes <input type="checkbox"/> No |

\*If you checked a box followed by an asterisk, provide an explanation for each answer:

Refers to Item C \_\_\_\_\_ Date of Action \_\_\_\_\_  
 Explanation of circumstances \_\_\_\_\_  
 \_\_\_\_\_  
 Result, including any punishment \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Refers to Item C \_\_\_\_\_ Date of Action \_\_\_\_\_  
 Explanation of circumstances \_\_\_\_\_  
 \_\_\_\_\_  
 Result, including any punishment \_\_\_\_\_  
 \_\_\_\_\_