## SUPPLEMENTAL QUESTIONNAIRE **EMPLOYEE STATEMENT OF UNDERSTANDING AND AGREEMENT** WASHINGTON COUNTY SCHOOL DISTRICT

Name:		Social Security Number:				
Locatio	on: Date of Birth:					
		If you mark YES next to any of the following questions, you will need to provide a detailed explanation on a separate piece of paper describing details of the incident(s) for consideration				
I			YES	NO		
	1.	Have you EVER been cited with, booked for, arrested for, convicted of, or forfeited collateral for any misdemeanor violation?				
	2.	Have you EVER been booked for, arrested for, convicted of, or forfeited collateral for any felony?				
	3.	Have you EVER been booked for, arrested for, convicted of, or forfeited collateral for any firearms or explosives violation?				
	4.	Are you now under investigation for misconduct or any violation of law?				
	5.	Have you EVER been convicted by a military court-martial?				
	6.	Have you been found pursuant to a criminal, civil or administrative action to have committed a sexual offense against a minor child or had any substantiated child abuse charges filed against you?				
	7.	Have you voluntarily resigned or surrendered a professional license or certificate in the face of a charge relating to incidents in items 1-6 above?				
	8.	Are you now under investigation, on notice of warning, or under probation for any concern related to your employment, maintaining a license, or professional certificate?				
	-	rify that the information provided in this Supplemental Questionnaire is true and correct ad any misstatement omission or misinformation is grounds for my dismissal.	to the best of my	knowledge.		
		nd that I am required by Utah Law & District Policy to notify Human Resources as soon as s days after any arrest, conviction, plea in abeyance or diversion agreement for any of the				

of the imposition of sentence: alleged felony, matters involving minors, alleged sex offenses, alleged drug-related offenses, alleged alcohol-related offenses, or offense against the person under Title 76, Chapter 5, Offenses Against the Person.

As a condition of continued employment, I hereby authorize the Washington CountySchool District to investigate my past and present work, education, and law enforcement records to ascertain any and all information which may be pertinent to my employment qualifications. I do hereby release all persons, firms, agencies, companies, groups or installations, whomsoever, from any damages of, or resulting from, furnishing such information. I further agree that a copy of this release shall function as an original.

Employee's Signature:	D	ate:
p - 7 0		
Fingerprint Results Date:	li	nitial:
		Bovised 10.03.201

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