Backgr
ground checks are done to protect District students against potential harm from persons involved in violence, sexual abuse, or drug distribution. This required procedure is not intended to reflect upon any individual’s reputation and/or character.

**Alaska Criminal History Record**

1. You are required to submit an Alaska Criminal History Record from the State of Alaska, which is available from the Alaska State Trooper Academy. During periods of high COVID-19 risk, the background check may be obtained by completing the attached form and mailing to the Criminal Records and Identification Bureau of the State of Alaska.

**Fingerprinting Procedures:**

1. Fingerprints can be done at Center for Community by appointment only for $15. Call 907-966-4250. Guns of Alaska (907-623-0809) also does fingerprinting during regular business hours. Cost is $35 + tax and usually takes between 15 and 20 minutes. You must have a valid photo ID with you.

2. Return the fingerprint cards to the Human Resources Office. The District will mail the fingerprint cards to the appropriate State agency.

The District may use fingerprint search results from other employers if they meet District requirements. Please discuss this option with staff at the Human Resources Office.

*If you hold a current Alaska teaching certification you will not be required to complete the fingerprint procedure if you submit the certificate to the Human Resources Office.*

**Criminal Records Check on Personnel:**

No individual will be hired by the Sitka School District or placed on the substitute list until the criminal records investigation in accordance with AS 12.62.160 has been completed. Under emergency circumstances, the Superintendent may waive this requirement to allow someone to work until the results are back.

Applications from persons who have been convicted or have pled guilty or no contest to any felony, misdemeanor or violation will be considered by the Superintendent on a case-by-case basis. If charges are pending, no action will be taken on the individual's application until disposition of the charges.

Persons who are convicted of, or who plead guilty or no contest to, any offense other than a minor traffic violation during the course of their employment with the District shall be subject to termination or other employment action as appropriate in the circumstances.

Persons on the substitute list who are convicted of, or who plead guilty or no contest to, any offense other than a minor traffic violation shall immediately be removed from the substitute list. They may reapply for listing as provided in paragraph 2 above.
NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification\(^1\) that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.\(^2\)
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.\(^3\)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.\(^4\)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at [https://www.fbi.gov/services/cjis/identity-history-summary-checks](https://www.fbi.gov/services/cjis/identity-history-summary-checks).

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

\(^1\) Written notification includes electronic notification, but excludes oral notification.

\(^2\) [https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement](https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement)

\(^3\) See 28 CFR 50.12(b).

\(^4\) See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR CRIMINAL JUSTICE INFORMATION
From the Alaska Criminal History Record Repository
*Original forms must be submitted to:
Criminal Records and Identification Bureau
5700 E. Tudor Road, Anchorage, AK 99507
Telephone: (907) 269-5767 Fax: (907) 269-5091
Include fee: $20 single copy, $5 each additional copy
Check or money order must be made payable to ‘State of Alaska’

Type of information being requested (from the record subject): (Choose ONE)

☐ 1. Criminal Justice Information available only to the SUBJECT
   ▪ This report includes all criminal charges and dispositions, including any sealed record.
   ▪ If the record subject has a sealed record this box MUST be checked.

☐ 2. Criminal Justice Information available to ANY PERSON for ANY PURPOSE
   ▪ This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.

☐ 3. Criminal Justice Information available to an INTERESTED PERSON
   ▪ This report includes all criminal charges and dispositions, excluding sealed records

A check or money order payable to the State of Alaska in the amount of $20 must accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional $5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.

Subject Name: ____________________________________________________________________________________
Maiden/Alias name(s): _______________________________________________________________________________
Mailing Address: ___________________________________________________________________________________
City/State/Zip: _____________________________________________________________________________________
Alaska Drivers License #: ____________________________________________________________________________
Date of Birth: ___________________________ Sex: □-Male □Female Soc Sec No. __________________________
Telephone: _____________________________ Msg: _______________________________________________________

MAILING ADDRESS TO SEND REPORT:
Name: ___________________________________________________________________________________________
Title: _________________________________________________________________________________________
Mailing Address: _________________________________________________________________________________
City/State/Zip: ___________________________________________________________________________________
☐ If you would like the record faxed to you, provide a Fax Number: ______________________________________

Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)
I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.

Record Subject's Signature ___________________________ Date ___________________________
Criminal Records and Identification Bureau Use Only

☐ Fee Payment Type ________________________  ☐ Report Sent to Subject _________________________
☐ Fee Waiver/Authorization ______________________  ☐ Report Sent to Requester _______________________
☐ OCA Number ________________________________  ☐ R&I Staff initials ______________________________

Authority:

AS 11.56.210 - Unsworn Falsification

AS 12.62.160 – Release and Use of Criminal Justice Information; fees

AS 12.62.900 – Definitions

13 AAC 68 Article 4 – Dissemination of Criminal Justice Information

13 AAC 68.905 – Definitions

DPS Form 11/15/03
Revised 2/24/04
Revised 4/20/04
Revised 11/15/04
Revised 1/13/05
Revised 6/13/05
We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or disability, or any other legally protected status under A.D.A., Title I. Alternative communication formats are available upon request with advance notice.

**Date of Application**

**Full Name**

(Last name) (First Name) (Middle Initial)

**Mailing Address**

**Email Address**

**Telephone**

**Social Security Number (optional)** / / 

<table>
<thead>
<tr>
<th>Name and location of Institution</th>
<th>Degree</th>
<th>Major</th>
<th>Minor</th>
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<td><strong>Undergraduate College Work</strong></td>
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<td><strong>Graduate College Work</strong></td>
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</table>

**ALASKA CERTIFICATE INFORMATION**

Are you certified in the State of Alaska? [ ] Yes [ ] No

If yes, please check the area in which you meet Alaska Certification Requirements and give the endorsement(s) and expiration date indicated on your certificate(s):

<table>
<thead>
<tr>
<th>Teacher (Type A)</th>
<th>Administrative (Type B)</th>
<th>Special Services (Type C)</th>
<th>Vocational (Type D)</th>
</tr>
</thead>
</table>

**Endorsement(s)/Expiration Date**

**EDUCATIONAL EMPLOYMENT**

(List most recent first)

<table>
<thead>
<tr>
<th>School Year During Which Service Was Rendered</th>
<th>Name and Address of School</th>
<th>Grade Taught/Position Held (Indicate Full-Time, Part-Time, or Substitute)</th>
<th>Reason for Leaving</th>
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</thead>
<tbody>
<tr>
<td>Beginning Mo/Yr</td>
<td>Ending Mo/Yr</td>
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**Principal/Supervisor Name**

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</tbody>
</table>

Total number of full-time years of Elementary/Secondary experience: _______________
OTHER EMPLOYMENT
(List most recent first)

<table>
<thead>
<tr>
<th>Inclusive Dates</th>
<th>Type of Work or Position Title</th>
<th>Employer</th>
<th>Supervisor</th>
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<table>
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<tr>
<th>Employer Name</th>
<th>Address</th>
<th>Phone</th>
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</table>

REFERENCES

List three (3) persons who are recently acquainted with your professional/personal abilities. The forms are enclosed. These should be mailed directly to the Sitka School District.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address &amp; Telephone Number</th>
<th>Position</th>
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</thead>
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</table>

Have you been dismissed, fired or terminated from any job within the last ten years? If so, please provide the date of your termination, the name, address and phone number of the employer who terminated you, and a description of the circumstances leading to your termination:

Have you ever had an employment or business-related license, or certificate revoked or suspended (examples: teaching certificate, child care license)? If so, please provide the date of the action, the name, address and phone number of the body or agency who took the action, and a description of the circumstances leading to the action:

Is any charge or complaint now pending against you, or any investigation currently being conducted of alleged misconduct by you, by any law enforcement, licensing or regulatory agency or by your current or a former employer? If so, please provide the name, address and phone number of the body or agency who is conducting the investigation or other proceeding, and a description of the circumstances leading to the investigation or proceeding:

Please tell us of any additional information that you feel may help us in reaching an employment selection:
**Criminal Record Information**

For purposes of the following questions, the term “conviction” includes convictions that result from pleas of “guilty” or “no contest.”

Have you ever been convicted of a felony?  Yes  No

If yes, please state the offense, the date of conviction, and provide a description of the events leading to your conviction:

Have you been convicted of any misdemeanor charge within the last 10 years?  Yes  No

If yes, please state the offense, the date of conviction, and provide a description of the events leading to your conviction:

Have you ever been convicted of a misdemeanor involving violence, sexual assault, molestation, exploitation, or an offense committed against children?  Yes  No

If yes, please state the offense, the date of conviction, and provide a description of the events leading to your conviction:

*Note: A conviction is not an automatic bar to employment. Each case is considered on its own merit in accordance with standards established in Sitka School District board policies and administrative regulations.*

**Applicant's Statement**

By signing this application, I certify that I am legally authorized to work in the United States. In addition, I certify that the answers I have given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I further understand that the Sitka School District may contact third parties such as current or former employers, business associates, instructors and other educational colleagues, co-workers, military supervisors and others familiar with my background in order to verify the information provided in this application and to assess my suitability for employment with the District. I understand that this inquiry may include collection of information relating to my character, general reputation, and personal characteristics as those subjects bear on my suitability for employment, in addition to other information relating to my educational and work experience. I authorize the release of such information to the Sitka School District, provided the information is used solely to determine my suitability for employment with the Sitka School District. I release the entity and/or individual providing the information from liability for any information provided in good faith, and I release the Sitka School District from liability for relying in good faith on the information so provided. I further agree that the Sitka School District, and the individual or entity providing the information, may withhold the release to me of personal reference information (not including data relating to my educational qualifications, criminal record and employment experience), provided that the information obtained is used solely to determine my suitability for employment with the District. I understand that a criminal background check by means of a fingerprint check with the Alaska State Troopers and the Federal Bureau of Investigation according to Alaska Statute 12.62.160 may be required as part of this application.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

______________________________  __________________________
Signature of the Applicant     Date

**Required**

- Application
- 2 Letters of recommendations on SSD Form
- Alaska Criminal History Record Report
- Fingerprint Card
This letter of recommendation will **not** be considered valid unless mailed in or delivered by the person(s) making the recommendation.

Send to:

SITKA SCHOOL DISTRICT  
300 Kostrometinoff St  
Sitka, Alaska 99835

Name and Address of person making recommendation:

________________________________________

________________________________________

________________________________________

Your name has been given as a reference by __________________________, who has applied for a position with the Sitka School District. We appreciate your evaluation of the applicant's ability and success as a potential teacher. Please return this form to the Personnel Office at the above address. All information will be treated with strict confidence. Thank you for this courtesy and for your cooperation.

Indicate grade level and school subjects in which the candidate is best qualified.

Grade: __________  Subjects:_____________________________________________________

How long and in what capacities have you known this candidate? ______________________________

________________________________________

Date of employment: From: ____________________________
(if applicable)

To: ____________________________

Candidate left your employment: Voluntarily_______ Involuntarily___________

Is candidate eligible for rehire? Yes ____ No ___

Please add comments that you think may be helpful. ____________________________________________

________________________________________

________________________________________

________________________________________
I rank the applicant as indicated in the following areas:

<table>
<thead>
<tr>
<th>Characteristic</th>
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<td>Preparation and use of lesson plans</td>
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</tbody>
</table>

Overall evaluation of Candidate: Excellent ( ), Above Average ( ), Average ( ), Below Average ( )

DATE _______________  SIGNATURE __________________________________________

PHONE _______________  POSITION _________________________________________
Substitute

CONFIDENTIAL

This letter of recommendation will not be considered valid unless mailed in or delivered by the person(s) making the recommendation.

Send to:

SITKA SCHOOL DISTRICT
300 Kostrometinoff St
Sitka, Alaska 99835

Name and Address of person making recommendation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your name has been given as a reference by ______________, who has applied for a position with the Sitka School District. We appreciate your evaluation of the applicant's ability and success as a potential teacher. Please return this form to the Personnel Office at the above address. All information will be treated with strict confidence. Thank you for this courtesy and for your cooperation.

Indicate grade level and school subjects in which the candidate is best qualified.

Grade: _________  Subjects: __________________________________________________________

How long and in what capacities have you known this candidate? ____________________________

________________________________________________________________________

Date of employment:  From: ____________________
(if applicable)  To: _____________________

Candidate left your employment:  Voluntarily_______  Involuntarily___________

Is candidate eligible for rehire?  Yes _____  No _____

Please add comments that you think may be helpful. ________________________________

________________________________________________________________________

________________________________________________________________________
I rank the applicant as indicated in the following areas:

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Overall evaluation of Candidate:  

- Excellent ( )
- Above Average ( )
- Average ( )
- Below Average ( )

DATE ________________
SIGNATURE ________________________________

PHONE ________________
POSITION ________________________________
**Substitute**

**CONFIDENTIAL**

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<td>Cooperation</td>
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<td>Dependability</td>
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<td>Self-Improvement</td>
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<td>Preparation and use of lesson plans</td>
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Overall evaluation of Candidate: 

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<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
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DATE ________________ SIGNATURE _______________________________________

PHONE ________________ POSITION _______________________________________
