

## **Self-disclosure of Criminal Convictions**

## **Reporting Form**

Submit this form to the Office of Human Resources (OHR) at 1179 University Dr, Suite 1014, Newark, OH 43055, or via fax to (740) 364-9566, or via e-mail to ralston.87@mail.cotc.edu.

A background check also may be conducted by the college in accordance with the Fair Credit Reporting Act.

Complete the following information and return this form to the Office of Human Resources.

College employees must disclose criminal convictions. Employees who fail to disclose all criminal convictions or fail to provide accurate details regarding criminal convictions, or fail to cooperate in the background check process may be subject to corrective action up to and including termination.

| Last name                               | First name  | Middle name   |
|---|---|---|
| Department                              | Daytime phone #   | E-mail  |
| I have been convicted of, or pleaded of | guilty to or no contest to, or am the subject of a find | ling of guilt by a judge or jury for the following crime(s):    |
| Felony:                                 |   |   |
| Misdemeanor (includes DUI/OVI)          | ):  |   |
| Conviction                              | Conviction type   | Conviction date (mm/dd/yyyy)                                    |
| County                                  | City  | State   |
| Description of charges and convictions  | s –provide details of all offenses including nature, o  | circumstances, and dates. Attach additional sheets if necessary |
| If you have a copy of the criminal reco | ord, please attach it. A conviction is not necessarily  | y a bar to continued involvement with the university.           |
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|   |   |   |
| Employee signature                      | Date  |   |
| Employee signature                      | Date  |   |
| This Section to be Completed by t       | the Office of Human Resources                           |   |
| Date of disclosure:                     |   |   |
|   |   |   |
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| ,                                       |   |   |
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| Action steps.                           |   |   |
|   |   |   |
| Individual notified: No action n        | ecessary. Individual will continue involv               | ement with the college under agreement.                         |
| Individual n                            | nust be removed or terminated from continued invo       |   |
|   |   |   |
| Director, Human Resources Signature     | e Date  |   |