

EXHIBIT B

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

(CONFIDENTIAL*)

The District is authorized by state law to obtain criminal history record information on any person who has indicated in writing an intention to serve as an employee of the District. The District needs the information requested below to obtain this criminal history record information.

Full name _____
(print) Last First Middle

Social Security number _____ Date of Birth _____

Sex: ___Male ___Female Ethnicity: ___ Black ___ White/Other

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for a volunteer position but will be used solely for the purpose of obtaining criminal history record information.

Signature

Date

*This form will be removed from the application and filed separately in the office of the personnel records.