

School Board of Polk County Substitute Teacher Request for Reinstatement

Personal Information

SSN:	SAP:	US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Birth date:
Last Name:	<u>First Name:</u>		Middle:
Street Address or P.O. Box:	<u>City:</u>	State:	Zip:
Phone:	<u>E-mail address:</u>	Gender (optional): Male <input type="checkbox"/> Female <input type="checkbox"/>	

LEGAL DISCLOSURE

SEALED/EXPUNGED RECORD(S) (List ONLY Sealed or Expunged Records in This Section) YES NO

Have you ever had any record **sealed or expunged** in which you were **convicted**, found **guilty**, had **adjudication withheld**, entered a **pretrial diversion program**, or **pled guilty** or **nolo contendere** (no contest) to a criminal offense other than a minor traffic violation (**DUI is NOT** a minor traffic violation)? If you check the **YES** box, you must give the information requested for each charge. Please attach a separate sheet with your name and social security number if you need more space.

City in which Arrested	State	Date of Arrest	Charge(s)	Disposition(s)

CRIMINAL OFFENSE RECORD(S) YES NO

Have you ever been **convicted**, found **guilty**, had **adjudication withheld**, entered a **pretrial diversion program**, or **pled guilty** or **nolo contendere** (no contest) to a criminal offense other than a minor traffic violation (**DUI is NOT** a minor traffic violation)? If you check the **YES** box, you must give the information requested for each charge. Please attach a separate sheet with your name and social security number if you need more space.

Report any record other than **SEALED or EXPUNGED** records in this section.

City in which Arrested	State	Date of Arrest	Charge(s)	Disposition(s)

