



**អង្គការសកម្មភាពសម្រាប់ការអប់រំនៅកម្ពុជា**  
**Kampuchea Action to Promote Education (KAPE)**

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## Annex 2

### Criminal History Declaration and Authorization Form

*The following statement is to be completed and signed by any individual applying for or in a position designated as "Contact with children" or "Working with Children".*

#### **Part One – Criminal History:**

**Have you been arrested for any crime involving children that is currently undergoing an active pending criminal investigation or trial that has not yet been resolved?**

Yes       No

*Please Note:* You do not need to disclose an arrest that has been resolved. An arrest has been resolved if you were released and no accusatory pleading was filed charging you with an offense, if the charges have been dismissed, or discharged by the district attorney or the court.

**Have you been convicted of any crime involving children?**

Yes       No

If you answered "Yes" to either questions above, please provide the following information for each arrest or conviction. You may voluntarily provide any explanation that you wish to have considered as part of your application, including any evidence of rehabilitation. If you have more than one arrest or conviction that you must disclose, please use an additional piece of paper and attach it to this form.

Violation:

Court:

Date and place of arrest or conviction:

Penalty (fine, sentence, dates of probation):

Name under which arrested or convicted:

Explanation (optional):

## **Part Two – Criminal Check Authorization**

In connection with my work with KAPE, *I hereby authorize* the Organization to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records. Background checks will be done respecting the data privacy.

I understand that my ability to work in KAPE is contingent upon the results of the background check. I understand that failure on my part to consent to the review will result in the cancellation of my contract within KAPE. Results are confidential, but may be shared with the Direct Supervisor if necessary. The member is entitled to receive and review the information obtained, upon written request.

Full Name (print):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_