

## **Background Check Authorization**

Legal Name: First, Middle, Last; Alias	
Address:	
Male Female Date of Birth	Social Security Number
Email Address:	<del></del>
Phone Number:*Note: The above data is required to do a background check. This for	m will remain with Human Resources.
Is this for a volunteer application? Yes No If	Yes, Teacher Name:
Have you ever pleaded guilty to or been convicted of a misdem	neanor or felony? Yes No
Do you have any pending criminal charges?  Yes  If yes to either of the above, please explain. Include date(s), local and disposition of the case:	No ation of court, nature and place of charge or conviction
I authorize the School District to investigate my personal employme corporation, or government agency to give the School District any checks are run by the District upon applying and when deemed neces to service. The District will consider the nature of the offense, date position.	y information regarding my employment history. Background ssary. Criminal charges or convictions are not an automatic bar
I hereby certify that the above information to the best of my knowled willful omissions of facts shall be sufficient cause for disqualification further agree to abide by all rules, regulations and policies of the Di utilize third party agencies to collect reports by contacting law en release information about my background including, but not limite remain in effect for the length of my service. I understand I have written request is made within 60 days of signature below.	n from consideration, or if employed, my immediate dismissal. I istrict. I hereby authorize the School District of West Salem to aforcement agencies, city, state, county and federal courts to to, information about my criminal record. This release shall
The Board does not discriminate in employment on the basis of race, of sex, sexual orientation, or gender identity), pregnancy, creed or relicitizenship status, veteran status, military service (as defined in 111.3 non-use of lawful products off the District's premises during non meeting or to participate in any communication with the employer a protected category in its programs and activities including employme	igion, genetic information, handicap or disability, marital status 32 Wis. Stats.), ancestry, arrest record, conviction record, use or n-working hours, declining to attend an employer sponsored about religious matters or political matters, or any other legally
Signature * An electronic signature serves as a valid signature	Date
Office Use Only: Position to fill	