
School District of West Salem

BACKGROUND CHECK AUTHORIZATION

District Office ❖ 405 East Hamlin Street, West Salem, Wisconsin ❖ (608) 786-0700

Legal Name: First, Middle, Last; Alias _____

Address _____

Male Female Date of Birth _____ Social Security Number _____

E-mail Address: _____

****Note:** The above data is required to do a background check. This form 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 misdemeanor or felony? Yes / No

Do you have any pending criminal charges? Yes / No

If yes to either of the above, please explain. Include date/s, location of court, nature and place of charge or conviction and disposition of the case. _____

I authorize the School District to investigate my personal employment history and I authorize any former employers, person, firm, corporation, or government agency to give the School District any information regarding my employment history. Background Checks are run by the District upon applying and when deemed necessary. Criminal charges or convictions are not an automatic bar to service. The District will consider the nature of the offense, date of the offense, and relationship between the offense and the position.

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentations or willful omissions of facts shall be sufficient cause for disqualification from consideration, or if employed, my immediate dismissal. I further agree to abide by all rules, regulations and policies of the District. I hereby authorize the School District of West Salem to utilize third party agencies to collect reports by contacting law enforcement agencies, city, state, county, and federal courts to release information about my background including, but not limited to, information about my criminal record. This release shall remain in effect for the length of my service. I understand I have the right to obtain a copy of background check reports if the written request is made within 60 days of signature below.

The School District of West Salem shall not discriminate on the basis of race, religion, creed, political affiliation, physical, mental, emotional or learning disabilities, handicap, sex, sexual orientation, age, national origin, citizenship, marital or parental status, ancestry, color, arrest or conviction record, membership in National Guard, state defense force or any other reserve component of the military forces of the United States, or any other reason prohibited by state and federal law.

Signature _____ *An electronic signature serves as a valid signature* Date _____

Office Use Only: Position to fill _____