

BACKGROUND CHECK INFORMATION

Name _____ Telephone Number _____

Address, City, State, Zip _____

What will you be doing within the schools _____

Name(s) and Grades of Student(s) in District _____

Relationship to student(s) _____

Please list previous addresses you have lived at during the past five years: _____

Have you ever been convicted of any misdemeanor or felony, or convicted of violating any other law including ordinances and traffic regulations? Yes _____ No _____ If yes, please explain below and if necessary attach a separate sheet listing any and all violations and the investigating agency: _____

Are there any charges of any kind pending against you? Yes _____ No _____ If yes, please explain below and if necessary attach a separate sheet listing any and all violations and the investigating agency: _____

Applicant Agreement – Authorization to release information:

I certify that the answers contained in this application are true and complete to the best of my knowledge. My signature on this form authorizes the Kiel Area School District to act as my agent in obtaining information from any person or company concerning myself, without liability to such person or company, or to the Kiel Area School District. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that this application is not intended to be a contract of employment.

I also understand that the Kiel Area School District will complete a background check on all applicants including a criminal records check through the Wisconsin Crime Information Bureau and that the school district will review the background check results before I am selected for a position. My signature on this form indicates that I consent to the School District conducting a background check. I am also aware that information regarding my date of birth, social security number, middle initial, sex, race and maiden name is required solely for the purpose of confirming my identity for the background check and the WI Crime Information Bureau. My social security number will not be used for any purpose other than identification and will be considered confidential.

This form must be submitted to Becki Giebel at least 14 days prior to a student activity or being in our facilities.

Date of Birth _____ Sex _____ Race _____ Middle Name _____

Maiden Name _____ Social Security Number _____

Signature of Applicant

Date