

Port Washington-Saukville School District

**PROSPECTIVE EMPLOYEE OR EMPLOYEE
BACKGROUND CHECK FORM**

(For official use only, not to be released to unauthorized persons)

In order to provide a safe environment for our students, we reserve the right to check references and review relevant public documents regarding criminal activity of any employee or prospective employee who may have contact with our students. All employee acceptance and placement decisions are subject to successful background checks. For this reason, please provide information as requested below:

Print Full Name

Address

City/State/Zip

Date of Birth

I hereby authorize the Business Office of the Port Washington-Saukville School District to obtain information and records pertaining to me from any or all law enforcement or court records. By signing, the district is granted the authorization to obtain such records for a period of three years from the signed date, if the signor volunteers at future events.

I do freely consent to such inquiries being conducted and, as such, do hereby agree to waive and forever release and discharge the district and its present and former officers, employees and agents of any and all claims, demands, damages, actions, and causes of action of whatever kind or nature that might otherwise arise out of such inquiries, including, but not limited to, matters arising at law, in equity, under the district's policies, procedures, contracts, practices or any other written instruments, standards, or protocols, or in state or federal agencies, courts, or other tribunals of competent jurisdiction, without limitation.

I understand that investigations into my background may be performed in connection with my application for employment with the Port Washington-Saukville School District. These investigations may include checks of local, state and federal judicial and other public records, both civil and criminal, social security information, motor vehicle driving records, employment verification, professional referencing and education verification in connection with my employment. These investigations may constitute a "consumer credit report" as that term is defined in the Fair Credit Reporting Act (15 U.S.C. §1681a). I hereby fully authorize the Port Washington-Saukville School District, and/or its agents, including IdentityPi, Inc. to conduct such investigations or obtain such reports, and I authorize such the release of this information on my behalf. I understand that I may request from IdentityPi, Inc. or any consumer reporting agency obtaining such a report for the Port Washington-Saukville School District, a complete and accurate disclosure of the nature and scope of the report or investigation.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this authorization is voluntary.

Signature

Date