

**BACKGROUND CHECKS ARE VALID FOR 5 YEARS**

School Requesting Check – JOHNSTON / MONTESSORI

Date \_\_\_\_\_

**APPLETON AREA SCHOOL DISTRICT  
Criminal Record Inquiry Information**

1. The following information is required of applicants and requested solely to enable Appleton Area School District to make inquiries to appropriate government officials, regarding possible criminal records or pending criminal charges which pursuant to §111.31, Wis. Stats., may substantially relate to the position being sought. Any criminal record information obtained by the District will be used only in accordance with applicable law.

<b>Full Name:</b> _____			
<b>Print:</b> Last Name	First Name (not nickname)	Middle Name	
<b>Previous Name(s):</b> _____ (if any, i.e, maiden)			
<b>Current Address:</b> _____			
Street	City	Zip	
<b>Gender (circle):</b>	Male	Female	
<b>Race (circle):</b>	White (not of Hispanic origin)	Hispanic	Asian
	African-American (not of Hispanic origin)	Native American	Other (specify): _____
<b>Date of Birth:</b> _____		<b>Place of Birth:</b> _____	
Month	Day	Year	City State
<b>Social Security Number:</b> _____			
<b>Have you ever been bonded?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES    If "yes," why: _____			

2. List all criminal convictions (other than minor traffic violations), charges pending in any federal, state or municipal court, or in any military tribunal. (Note: Information provided in response to this question does not constitute an automatic bar from volunteering. The circumstances of each case will be evaluated in accordance with §111.32, Wis. Stats.) *Please use the back of this form for additional information.*

Date	Charge	Place	Court/Tribunal	Action Taken

3. List all cities and states in which you have resided (**other than Wisconsin**) since your 18<sup>th</sup> birthday and indicate the number of years of residency there. *Please use the back of this form for additional information.*

City	State	Number of years as a resident		City	State	Number of years as a resident

←OVER→

Please complete both sides of this form.

**ADDITIONAL INFORMATION AND COMMENTS:**

COMPLETE THIS INFORMATION, PLEASE!

**VOLUNTEER STATUS** \_\_\_\_\_  
(Example: Parent / Relative Volunteer, Jr. Achievement)

**RELATED TO STUDENT(S)** \_\_\_\_\_  
(Name of Student)

*I hereby authorize the release and exchange of information between the Appleton Area School District and any necessary law enforcement agency, Crime Information Bureau, or county Department of Social Services.*

*I am aware some of this information will be disclosed from records whose confidentiality may be protected by federal law. Federal regulations prohibit the Appleton Area School District from making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.*

*I certify that the information I have provided in this application is true and factual. I understand that falsification of this application constitutes grounds for rejection or termination.*

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

Approved 08/22/01; Revised 07/30/10

Please complete both sides of this form.