

CRIMINAL HISTORY RECORDS CHECK FORM

Last Name:_		First Name:	Middle Initial				
Position:		School:					
	Criminal H	istory Records Check Disclos	ure Statement				
	Importa	ant Information – Please Rea	d Carefully				
_	After reading this form, if you are unsure of how to complete it, or if you would like any information clarified, please ask for assistance in Human Resources prior to filling it out.						
The responsibility the Wisconsin Rapids Public Schools has to its school children and community necessitates the following information from all volunteers/applicants regarding arrest and conviction records. A record of arrest or conviction does not automatically prohibit association/employment with the District. In accordance with state law and local ordinance, convictions or pending charges will not be used or considered in making an association/employment decision unless the circumstances of the charge of conviction are substantially related to circumstances of the particular job or activity. However, failure to complete this form accurately and completely will disqualify a volunteer/applicant from consideration for association/employment or will be cause for dismissal if associated/employed.							
"Arrest record" includes, but is not limited to, information indicating that an individual has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for a felony, misdemeanor, ordinance violation, or other offense, pursuant to any law enforcement or military authority.							
"Conviction record" includes, but is not limited to, information indicating that an individual has been convicted of any felony, misdemeanor, or other offence, has been less than honorably discharged, or has been placed on probation, fined, imprisoned or paroled pursuant to any law enforcement or military authority regardless of whether an appeal is pending or could be taken.							
prosecution procession	ogram (such as First Offende	ers) does not necessarily mean your tely will mean disqualification from o	n mind that participation in a deferred record is clear. As stated above, failure to consideration for association/employment				
if you simply ne	•	· · · · · · · · · · · · · · · · · · ·	e of all of your arrests and/or convictions, or ion record(s), please contact the Human				
		For office use only					
	DL: FP: y/n DO	DJ: SO: CCAP: Ins	erv: S:				

Last Name:	First Name:	Middle Initial
List all other names used (mai	den, alias, etc):	
Photo ID information (drivers	license or passport): Document Title:	
	Document #:	
Date of Birth:	Social Security #	
Ethnicity:African Ameri	can/Black Asian/Pacific IslanderHis	spanicNative AmericanWhite
Address:		
City:	State:Zip:	# of Years at Residence:
of sheet if necessary:	have lived in beginning at the age of 18, includi	
Phone #:	Email Address:	
	Volunteers Only	
Do you intend to voluntee	er on a regular basis in the school\classroom? _	YesNo
Do you intend to only volu	unteer for school\class field trips?Yes	No
	o limit the number of volunteers on any and all able to attend the field trip.	field trips. Completing this form does
In accordance with state law a making an association/employ related to circumstances of the Do you presently have any pe accordance with state law and an association/employment described in the state law and association/employment described in the state law and association/employment described in the state law and association association and association and association and association and association	I of any violations of law; felonies or misdemean and local ordinance, convictions or pending chargement decision unless the circumstances of the e particular job or activity.)Yes	rges will not be used or considered in charge of conviction are substantiallyNoNo ers, other than minor traffic violations? (In es will not be used or considered in making
(If yes to any of the above, ple	ease fill in the information on the following page	e. If you have more than three convictions
or pending charges or need ac	dditional space, use a separate sheet.)	

LIST CONVICTIONS AND PENDING CHARGES

1. Charge		Date of arrest of conviction	Court of Conviction			
City	State	Length/Terms of probation	Length of jail term			
Incident Summary/Explanation						
2. Charge		Date of arrest of conviction	Court of Conviction			
City	State	Length/Terms of probation	Length of jail term			
Incident Summary/Explanation:						
3. Charge		Date of arrest of conviction	Court of Conviction			
City	State	Length/Terms of probation	Length of jail term			
Incident Summary/Explanation:						
4. Charge		Date of arrest of conviction	Court of Conviction			
City	State	Length/Terms of probation	Length of jail term			
Incident Summary/Explanation						

5. Charge		Date of arrest of conviction	Court of Conviction			
City	State	Length/Terms of probation	Length of jail term			
Incident Summary/Explanation						
6. Charge		Date of arrest of conviction	Court of Conviction			
City	State	Length/Terms of probation	Length of jail term			
Incident Summary/Explanation						
AUTHORIZATION						
I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Wisconsin Rapids Publics Schools. I understand that my association/employment is not finalized until the Criminal History Records Check has been completed.						
I certify that the answers given by me in this disclosure form are complete, true, and correct without representations or omissions of any kind. I further understand that the making of any false or misleading statement or omission from or on this disclosure form, or any other document will be used to deny me association/employment, or if associated/employed, used for discipline, including termination from association/employment.						
I understand that the District shall not be held liable in any respect if my association/employment is terminated because of false or incomplete statements, answers or omissions made by me on the disclosure form or any other document. In consideration of the school district's review of the document, I hereby release the District, its Board, and its agents, as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of information. A copy of this authorization and release is as valid as the original and shall be recognized as such.						
Signature			Date			