

**BACKGROUND INVESTIGATION
DISCLOSURE STATEMENT**

SCHOOL DISTRICT OF GREENFIELD
4850 S. 60th Street
Greenfield, WI 53220
414-855-2050

The tremendous responsibility of the School District of Greenfield has to its school children and community necessitates conducting background investigations of all applicants for employment. Failure to complete this form accurately and completely will result in your disqualification from consideration for employment or may be cause for dismissal if employed, regardless of when such inaccurate information is discovered. Applicants must report any changes in information that occur subsequent to the time they initially completed this form.

Provide all the information requested before the first day of employment to the Business Office Department, 4850 S. 60th Street, Greenfield, WI 53220. 414-855-2050.

Name	
Other names used	Dates of usage
Social Security number (REQUIRED)	Date of birth (REQUIRED)

GENERAL INFORMATION

1. Have you ever been dismissed or asked to resign from any position? Yes No
If yes, please explain fully:

2. Are you legally authorized to work in the United States? Yes No

3. Are there any pending criminal charges against you, or have you ever plead guilty to or been convicted of any crime? Yes No.

If Yes, then please provide all information related to the pending charges, or the plea or conviction of the offense including, but not limited to, the date of the incident, the date of the plea or conviction, the factual circumstances of the incident, and the specific violation subject to the pending charge or the plea or conviction. Applicant is informed that his or her pending charges, guilty pleas or convictions will not automatically disqualify the applicant from employment unless the charge or conviction substantially relates to the job applied for or in the event a conviction would preclude the applicant from performing an essential function of the job:

-over-

**BACKGROUND INVESTIGATION
DISCLOSURE STATEMENT**

SCHOOL DISTRICT OF GREENFIELD
4850 S. 60th Street
Greenfield, WI 53220
414-855-2050

READ AND SIGN

My signature below authorizes the School District of Greenfield to conduct background investigations involving me and is my authorization for the full and complete release of information in connection with my application for employment and for the District's background investigations. I understand the releases of information and these investigations may include such information as criminal or civil investigations and convictions, driving records, information from current, employers, previous employers, educational institutions, personal references and acquaintances, professional references, credit information, medical records and other appropriate sources as determined by the District. I will fully cooperate with the District during its background investigations and regarding any information that the District needs to consider my application for employment.

I waive my right of access to any such information under any applicable laws unless stated herein. I understand that, within a reasonable period, I may make a written request for detailed information concerning such credit investigation as may be required pursuant to the Fair Credit Reporting Act.

Without limitation, I hereby release, hold harmless and agree to indemnify the School District of Greenfield, its officers, employees and agents and any person(s) and entity(ies), including their agents, officers, and employees, from any and all claims, liability, demands, causes of action, damages or costs, including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to disclosure or release of information or the failure to release or use of such information. This release includes the sources of information cited above and, without limitation, the following specific examples: local, county, state and federal law enforcement agencies, the Central Criminal Records Exchange, social services and child protective services departments, current and former employers, and neighbors and personal acquaintances.

Furthermore, I certify that I have provided true, correct, and complete information on this application and to the District during all parts of the application process, with the full and complete understanding that the District may rely upon in considering my application. I understand and agree that any omission, false statement, or misrepresentation made by me on this application or in any information provided to the District as part of my application will be sufficient grounds for failure to employ me or for my discharge should I become employed with the School District of Greenfield, regardless of when such information is discovered by the District. I agree that the District, its officers, employees and agents shall not be held liable in any respect if my application is no longer considered or my employment is terminated for that reason.

Name: _____

Signature: _____

Date: _____