## FOR THE SAFETY OF OUR STUDENTS

The responsibility the Wrightstown Community School District has to its students, staff, and community requires obtaining the following information to maintain a safe environment in school as well as after school and out of school activities. Completing this Disclosure Statement and Criminal Background Check Authorization is a requirement for all SUBSTITUTES for teacher/instructional aide/office/food service/custodial positions and school volunteers that supervise students in classrooms, field trips, athletic practices, games or any after school activities. A record of arrest or conviction does not automatically prohibit being a substitute or volunteer for the Wrightstown Community School District. This information sheet will be forwarded to the District Office of Wrightstown Community School District, who will coordinate the background check. The information on this form will be kept confidential. The following information is necessary to perform an accurate criminal history.

(Please Print Legibly)

Name				
Last First		Middle	Home or Cell Phone	
Address		City	S	tateZip
Birth date: Place of	Birth:			City and State
Email:	Ma	aiden Name and/or A	liases: (list all)	City and State
Driver's License: State N	lumber			
Please indicate the position:		_		
Type of Substitute:		Volunteer:		
Counties and State, or oth	er Country where you	have lived since High	School.	
COUNTY	STATE	COUNTY/C	OUNTRY	STATE
Example: Brown County	Wisconsin			
Have you been arrested or convi considered contrary to commun		•		Yes No
Have you ever been arrested or	convicted of a felony o	r any offense resultir	ng in probation?	Yes No
Do you have any criminal or mise	demeanor cases pendi	ng?		Yes No
If you answered yes to any quest	tion in this section, ple	ase explain in full. (at	tach pages if nee	ded)

Being convicted of a crime is not an automatic bar to being an employee or volunteer in our schools. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position you are seeking. **AGREEMENT – Please read carefully before signing** 

I certify that the answers given by me to all the questions on this application and any attachment are to the best of my knowledge and belief, true and correct. I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of facts in this application may result in refusal of or separation of my duties upon discovery thereof.

I hereby authorize the School District of Wrightstown to submit the criminal history check to the necessary authorities and I hereby release all agencies and the School District of Wrightstown, its agents and employees from any and all liability or responsibility arising from furnishing such information. I understand that the application and records become the property of the District which reserves the right to accept or reject them.

This information and the resulting	g report from all agencies
are strictly confidential and will be	e released to no one without
our authorization	12/3/2014