

The School District of Sturgeon Bay
Background Check Authorization Form

I want to Volunteer
teacher's name _____ building _____

I am applying for a position in the district
position title _____ hiring administrator/princ. _____

Name _____ Email Address (required) _____
Last, First, Middle please print clearly

Former/Alias or Maiden name(s) _____

Date of Birth _____ Social Security # _____

Phone number(s) _____ Driver's License # _____

Current Address _____

Street number & name City Zip

Place of Birth _____ Have you resided in a State other than Wisconsin (circle one) YES NO

If "YES", complete Residence History below since age 18. Use additional sheets if necessary.

Year(s) _____ City _____ County _____ State _____

Authorization for Release of Information (For official use only, not to be released to unauthorized persons) I hereby empower an employee of the Sturgeon Bay School District and/or the Sturgeon Bay Police department, or other authorized representative thereof bearing this release to within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, County, State or Federal law enforcement agencies.
2. Background Screeners of America
3. Wisconsin Circuit Court Access Program

This release is executed to authorize the Sturgeon Bay School District to obtain the above information, which will not be further disseminated for any purpose. I understand that by signing below I acknowledge my understanding that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of further consideration of my application and that misrepresentation or failure to provide the requested information is grounds for termination of employment.

Signature (Full Name) _____ Date _____

APPLICANT INSTRUCTIONS: Return this form in a sealed envelope to Business Office Assistant; School District of Sturgeon Bay, 1230 Michigan St., Sturgeon Bay, WI 54235. Watch your inbox for an email from Background Screeners of America to complete the next step of the background check process.

* * * * * For Office Use Only * * * * *

Results: CCAP NSOP BSOA result _____

Background check completed by: _____ Date: _____