

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.
Instructions: See page two.

I. Authorizing Information

1. Fingerprint Reason Code SE	2. Requestor/Agency ID 7266P	3. Agency Name SOUTHGATE COMMUNITY SCHOOLS	4. Individual ID (MNU-OA)
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II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.

1a. Last Name		1b. First Name		1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases				3. Social Security Number (Optional)	
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number		8. Issuing State
9. Home Address		10. City		11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color

III. Live Scan Information

1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Live Scan Operator*
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*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.

IV. Privacy Act Statement

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:	Date:
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INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) SOUTHGATE COMMUNITY SCHOOLS to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State	ZIP Code
What is your current or prospective status (check one)? <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Other Qualified Entity			
Signature		Date Signed	

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY



14600 Dix-Toledo Rd. Southgate, MI 48195
Phone 734-246-4600 • Fax 734-991.0013

**AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION**

*(Use this form for ANYONE who has had fingerprints taken
in the past year for School Employment under code MCL 380.1230a)*

Date

Name of School District where fingerprint results are located

Street Address

City, State, Zip

I hereby authorize _____ School District to release the results
(Name of School District where fingerprint results are located)

of my criminal history check (State and FBI) that was conducted during the _____ school year.

I give permission to have my criminal record check faxed or sent to the following:

Southgate Community School District
HUMAN RESOURCES DEPARTMENT
14600 Dix-Toledo Rd.
Southgate, MI 48195
Fax: 734-991-0013

Printed Name

Last Four Digits of Social Security Number

Signature

Date



HUMAN RESOURCES DEPARTMENT

EMPLOYEE INFORMATION

Please complete the requested information. All data will be kept confidential.

SECTION 1

In case of an emergency please notify:

Please Print

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Dr. Name: _____

Dr. Phone: _____

Hospital Preference:

SECTION 2

To the best of my knowledge, I am of sound health and I have no knowledge of an existing medical condition that would prevent me from fulfilling the responsibilities of the position or that would endanger the health or safety of either staff or students.

Name (Please print)

Signature

Date

Conviction Disclosure Form

Name (Please Print)

School/District Name (Please Print)

Position (Please Print)

Pursuant to Public Act 138 of 2005, I represent that (check all that apply):

_____ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) or is the subject of a finding of guilt by a judge or jury of any crime.

_____ 2. This is my initial disclosure, I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes (attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction):

_____ Felony	_____ Misdemeanor
_____ Felony	_____ Misdemeanor
_____ Felony	_____ Misdemeanor

_____ 3. This serves as disclosure of subsequent convictions for which I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes (attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction), and I understand that failure to disclose any subsequent convictions is considered to be a crime:

_____ Felony	_____ Misdemeanor
_____ Felony	_____ Misdemeanor
_____ Felony	_____ Misdemeanor

In signing this form, I understand and agree that:

4. If I have been convicted of a listed offense, my employment shall be terminated. I also understand that if I have been convicted of a felony, other than a listed offense, the superintendent, or chief administrator and the board or governing body must each approve, in writing, my employment or work assignment.

5. Until the criminal history report is received and reviewed by the employing school/district, I am regarded as a conditional employee and if the criminal history report is not the same as my representation(s) above, my employment contract is voided at the option of the school.

Signature

Date



14600 Dix Toledo Rd.
Southgate, MI 48195
734-246-4600 Fax 734-991-0013

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

Please Print

Applicant's Name First Middle Last

Maiden Name (if applicable) Social Security Number Position for which applying

Previous Employer Information: (One employer per form. Include all employers within past 5 years.)

Company's Name Business Phone: Fax:

Address City State Zip

Immediate Supervisor Dates of Employment

I hereby authorize the above listed employer to provide to Southgate Community School District information regarding my employment History (including unsatisfactory evaluations, disciplinary documentation, and information related to termination or resignation under less than satisfactory conditions) and, in addition, to disclose any other information that is job related, including all items within my personnel file, and pursuant to Public Act 189 of the Public Acts of 1996 being sections 380.1230(8)(b) of the Michigan Compiled Laws, authorize any current or former employer(s) to disclose any unprofessional conduct and provide copies of all documents in my personnel record maintained by my current or former employer(s) relating to any unprofessional conduct as defined by Public Act 189 of 1996 which reads:

"Unprofessional conduct" means one or more acts of misconduct; one or more acts of immorality, moral aptitude, or inappropriate behavior involving a minor, or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct - MCL 380.1230(8)(b).

I acknowledge Southgate Community School Districts' right to investigate any and all references and secure additional information regarding my employment history, including any and all disciplinary action and/or the events surrounding the termination of employment.

Pursuant Public Act 180 of 1996, I waive my right to prior notice under the Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of 1978, being section 423.506 of the Michigan Compiled Laws, and I hereby release my current and former employer, and employees acting on behalf of my current and former employer, from any liability for providing information regarding unprofessional conduct and, further, I release Southgate Community School District and its agents and employees from any and all liability in connection with this employment history verification.

Applicant's Signature Date

Employment Evaluations: (Please choose one)

- Evaluations have been Satisfactory or better
Unsatisfactory evaluations occurred during employment; copies are enclosed

Unprofessional Conduct: (Please choose one)

- No documentation of unprofessional conduct exists within the above-named person's personnel file.
Unprofessional conduct has occurred; documents are enclosed.

NOTE TO CURRENT/PREVIOUS EMPLOYER: Public Act 189 of 1996 requires you to provide Southgate Community School District copies of any and all information relating to unprofessional conduct contained within the above-named person's personnel file within twenty (20) days of receipt of this request.

The Act provides that "an employee or an employee acting on behalf of the employer who disclosed information under this section in good faith is immune from civil liability for the disclosure."

FOIA Request: Please consider this a Freedom of Information Act request and return copies of all such documents along with this signed request to the address below:

14600 Dix Toledo Rd. Southgate, MI 48195 Fax: 734-991-0013

Supervisor Signature Printed Name Date

Title:



HUMAN RESOURCES DEPARTMENT

NAME: _____

Building: _____

Both Part A and Part B of the question **must** be answered.

Part A: Are you Hispanic/Latino? (*Choose only one*)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

Part A of the form is about ethnicity, not race. Regardless of what you selected in Part A, **answer Part B** by marking one or more boxes to indicate what you consider your race to be.

Part B: **What is your race?** (*Choose only one*)

American Indian or Alaska Native (A person having origins in any of the original peoples of the North, Central, or South American Regions.)

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.)

Black or African-American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Please select an answer for both parts. If an answer is missing from either part (A or B), the US ED **requires** the District to supply the answer.

Signature: _____

Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment , but not before accepting a job offer.)						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

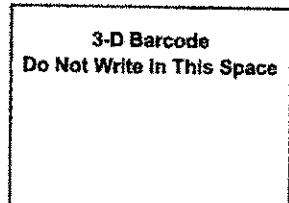
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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