STAFF/SUBSTITUTE/VOLUNTEER/INTERN/STUDENT TEACHER
Background Authorization Form

The amended Fair Credit Reporting Act (1977) requires that we inform you that a background investigation may be conducted as part of our screening or volunteer process. Upon your written request, within a reasonable period of time, additional information as to the nature and scope of the report (if one is made) will be provided. You have the right to request details of the report from the consumer reporting agency. The information requested below is required to process your background investigation and is intended solely for that purpose.

(PLEASE PRINT)

NAME OF APPLICANT: _____

SCHOOL WORK SITE: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

OTHER NAMES USED & DATES CHANGED: _____

(Including Maiden Name) (Year Changed)

RESIDENCE ADDRESSES FOR THE PAST 7 YEARS: (If more lines are needed, please use back of form)

Street Address City, State, Zip County From Mo./Yr. To Mo./Yr.

_____

_____

Have you ever been charged with a or convicted of a Misdemeanor Crime? YES _____ NO _____
Have you ever been charged with a or convicted of a Felony Crime? YES_____ NO _____

If yes, please provide a detailed explanation, including what country, county and state , and in what year (Conviction of a crime or arrest is not an automatic bar to volunteerism. The District will consider the nature of the offense, the date of the offense and the relationship between the offense and the position for which you are applying.)

_____

_____

As a Hudson School District volunteer or staff/substitute/intern/student teacher completing university field experience or student teaching hours, I agree to maintain confidentiality with respect to information given by, or about, students. This includes information derived from student performance, pupil data records, personnel records or faculty meetings or any other source.

I authorize the Hudson School District and their agents to investigate my background as it pertains to employment within the District. This may include investigations of employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including criminal and motor vehicle data. I release all persons or corporations furnishing such information from liability and responsibility. A photocopy of this document may be submitted for the original.

I hereby attest that all information provided on this questionnaire is true and complete.

SIGNATURE OF APPLICANT_____ **DATE:** _____

ACCEPTANCE, RETENTION OR REVIEW OF THIS QUESTIONNAIRE FOR A STAFF POSITION BY THE DISTRICT DOES NOT GUARANTEE THAT AN APPLICANT WILL BE OFFERED AN ASSIGNMENT. ANY MISREPRESENTATION OR WILLFUL OMISSION OF FACTS BY THE APPLICANT ON THIS QUESTIONNAIRE WILL CONSTITUTE SUFFICIENT CAUSE TO DISQUALIFY THE APPLICANT OR TERMINATE THE APPLICANT'S VOLUNTEER STATUS IN OUR DISTRICT.

An Equal Opportunity Employer

The Hudson School District is an equal opportunity employer. The District does not discriminate against any person based on age, color, disability, marital status, membership in the National Guard or reserves, national origin, pregnancy, race, religion, sex (unless it is bona fide occupational qualification), or sexual orientation.

Please submit this completed form to: Hudson School District
Human Resources
District Office
1350 Carmichael Road, Hudson, WI 54016

HUDSON SCHOOLS