

Neenah Joint School District

Criminal Record Inquiry Information

Reason for Request:

Date: _____

New Employee Substitute Student Teacher Volunteer Other _____

Please indicate the service and location that you will be providing to the Neenah Joint School District:

Service	Location
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- The following information is required of volunteers, contracted employees, and other applicants providing services to the NJSD or working in or around NJSD students and is requested solely to enable Neenah Joint School District to make inquiries to appropriate government officials regarding possible criminal records or pending criminal charges which pursuant to WI Stats. §111.31, may substantially relate to the position being sought. Any criminal record information obtained by the District will be used only in accordance with applicable law.

Please **print** the following information:

Name: _____

Last	First	Middle
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Previous Name(s) Used: _____

Race Code: _____

Gender Code: _____

A = Asian

F = Female

B = Black

M = Male

H = Hispanic

I = American Indian/Native Alaskan

P = Native Hawaiian/Other Pacific Islander

W = White or European Descent

Date of Birth: _____

Place of Birth: _____

Social Security #: _____

- List all criminal convictions (other than minor traffic violations), charges pending in any federal, state, or municipal court, or in any military tribunal.

Date	Charge	Place	Court/Tribunal	Action Taken

(-continued-)

3. List all cities and dates in which you have resided (other than Wisconsin) since your 18th birthday and indicate the number of years of residency there:

City	State	# of Years as a Resident

4. Additional information and comments:

_____ I hereby authorize the release and exchange of information between the Neenah Joint School District and any necessary law enforcement agency, Crime Information Bureau, or county Department of Social Services.

_____ I am aware some of this information will be disclosed from records whose confidentiality may be protected by federal law. Federal regulations prohibit the Neenah Joint School District from making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

_____ I certify that the information I have provided in this application is true and factual. I understand that falsification of this application constitutes grounds for rejection or termination.

Signature

Date