

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

**CRIMINAL INFORMATION RECORDS CHECK**

I acknowledge that should I be offered a position, the Marathon County Children With Disabilities Education Board will perform a Criminal Information Records Check which will reveal whether or not I have a conviction/pending charge of a criminal nature against me. I understand that my appointment to a position in the district will depend upon the results of the Criminal Information Records Check in accordance with the policy of Marathon County Children With Disabilities Education Board.

**The Marathon County Children With Disabilities Education Board Policy**

Prior to the appointment of any person to a paid position with Marathon County Children With Disabilities Education Board, the agency will conduct a Criminal Information Records Check through the Wisconsin Department of Justice and other appropriate agencies.

The application for employment will be rejected if a Criminal Records Check reveals a conviction or pending charge that the candidate failed to disclose as required on the district application form.

If the Criminal Records Check confirms a conviction or pending charge which the candidate acknowledges, a determination shall be made in consultation with legal counsel whether or not to reject the application based upon a consideration of the circumstances of the conviction/pending charge and whether the circumstances substantially relate to the nature of the particular position of which the candidate has applied.

Legal Reference: Wisconsin State Statute 111.335

**RELEASE OF INFORMATION AUTHORIZATION**

I hereby authorize Marathon County Children With Disabilities Education Board, its employees, and authorized agents to verify any information I have provided and to investigate my personal history and/or credit and financial records employing investigative or credit agencies or bureaus of its choice subject to the provisions of the Fair Credit Reporting Act. I authorize my current and previous employers, educational institutions, banking and other financial institutions, credit rating bureaus or institutions maintaining individual credit rating files, and governmental agencies or political subdivisions to give any information requested regarding my employment, character, and qualifications. Any previous employer is also hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed. I hereby expressly release and hold harmless Marathon County Children With Disabilities Education Board, its agents, and any person or organization who provides information or records relating to me from any and all liability under state or federal privacy laws.

A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original. This release shall be valid for twelve (12) months immediately following the date of my signature below.

**Criminal Information Records Check and Release of Information Signature:**

\_\_\_\_\_  
Candidate's Legal Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Candidate's Maiden Name (Please Print)

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date