

HORTONVILLE AREA SCHOOL DISTRICT

District Administrative Office

246 N. Olk Street, P.O. Box 70

Hortonville, WI 54944-0070

PH: 920/779-7921 FAX: 920/779-7903

PLEASE READ ALL INFORMATION CAREFULLY!

Background Investigation Volunteer/Employment Contract

(VOLUNTEERS - RETURN COMPLETED FORMS TO SCHOOL OFFICE)

(CURRENT/POTENTIAL EMPLOYEES – RETURN COMPLETED FORMS TO DISTRICT OFFICE)

Applicant's Name: _____ Date: _____

Telephone # _____ Email address: _____

Reason for background check: _____ Employment/Current position: _____

IF THIS IS FOR A FIELD TRIP – DATE OF FIELD TRIP: _____

Athletic/Academic Program(s) – Volunteer or Employment/Current Position: _____

Building(s): (circle the building(s) at which you are volunteering, seeking employment, or current position)

4K Sites: HES / Hillside / Play & Grow / St. Edwards / YMCA Schools: GES/GMS/HES/HMS/NGES/HHS

Teacher's Name(s) to volunteer for: _____

Program(s)/Areas of Interest: (circle those for which you may be interested in volunteering, add those that you do not see listed)

- | | | | |
|----------------------|----------------------|------------------|------------------------|
| PTO Board Member | Student Mentor/Tutor | Athletics | Office Assistant |
| Library Assistant | Special Events Baker | Field Trips | Special Events Planner |
| Bookroom Coordinator | Classroom Helper | Drama | Coach |
| Student Recognitions | Staff Recognitions | Forensics/Debate | |

I understand and agree that my involvement as an Employee or Volunteer with the Hortonville Area School District (HASD) is performed under the following provisions:

1. I understand that the initial fee for the background investigation is covered by the District. Fees for out-of-state, out-of-country or any other fee that may be incurred is my responsibility.
2. I have never been convicted of a felony or criminal offense, nor do I have any pending charges against me. (Please see #8 if you have been convicted of a felony or criminal offense.)
3. In the Athletic programs, I will familiarize myself with and adhere to WIAA and extra-curricular policies and procedures.
4. As a volunteer, I will not be paid any salary nor receive any benefits for my services.
5. I will be covered by the Hortonville Area School District liability insurance.
6. I will withdraw immediately from volunteering if I am unable or unwilling to follow the provisions herein.
7. My ability to volunteer or be employed will remain pending until the criminal background check is completed and has administrative approval. I understand that a background check may take 2 to 4 weeks to processes. *Background check is valid for three years for volunteers and five years for staff from date of approval; then re-application is necessary.*
8. Yes, I have been convicted of a criminal offense. (Criminal offense includes a felony, traffic and/or local ordinance citation.) Yes (Please check) Please make sure to fill out all criminal information on the 2nd page of the application. District procedure is the past 25 years. **Please note – you need to disclose any past conviction or charges pending, including Deferred Prosecution Agreements, traffic and local ordinance citations. You are required to include convictions that have been Expunged. Your application may be denied if you do not disclose this information.**

I hereby affirm that all information in this Volunteer/Employment Contract is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information may result in termination of my volunteer/employment contract with the Hortonville Area School District.

Applicant's Signature _____

BOARD POLICY

Consent to Conduct Background Investigation

I understand that I am APPLYING FOR the position of: _____ / VOLUNTEERING with /
 EMPLOYED with Hortonville Area School District and am required to have a background investigation completed as requested. I understand that the following personal records are subject to being queried and reviewed by DIVERSIFIED investigations, llc:

<input checked="" type="checkbox"/>	Social Security/Address Verification	<input type="checkbox"/>	Professional/Character References
<input checked="" type="checkbox"/>	Local law enforcement queries	<input type="checkbox"/>	Neighborhood Canvass
<input checked="" type="checkbox"/>	Sexual offender database queries	<input type="checkbox"/>	Drug screening
<input checked="" type="checkbox"/>	Public database queries	<input type="checkbox"/>	Education and Professional License Verification
<input checked="" type="checkbox"/>	State criminal/civil queries	<input type="checkbox"/>	Employment Verification & Reference
<input type="checkbox"/>	Driver's license records (as applicable to the position)	<input type="checkbox"/>	Credit Report / Civil Litigation

I further understand that the results of this investigation will be forwarded to Hortonville Area School District and that agents of DIVERSIFIED investigations, llc will not discuss the findings of the investigation with anyone other than appropriate members of the Hortonville Area School District staff. I understand that this background investigation will not be used for any purpose other than assessing my suitability for the position for which I have applied/volunteered/am employed.

Therefore, I do hereby grant permission to Hortonville Area School District, and DIVERSIFIED investigations, llc, to conduct a due diligence background investigation. All information is subject to the Fair Credit Reporting Act (FCRA--see www.consumerfinance.gov/learnmore).

**** NOTE:** I understand that this consent is revocable by providing written notice to both DIVERSIFIED investigations, llc and Hortonville Area School District.

PLEASE MAKE SURE YOU SIGN THE BOTTOM OF THIS PAGE.

TO BE COMPLETED BY APPLICANT												
The Following Information Is for Identification and Investigative Purposes Only. Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.												
Last Name												
First Name												
Middle Name												
Current Address											Apt.#	
City										State	Zip	
Social Security Number								Phone		-	-	
Date of Birth				Sex: (circle one) Male / Female								
Driver's License No.										State		
Other Last Names Used (Include Maiden Names)												
Email Address												
LIST EVERY CITY AND STATE YOU HAVE EVER LIVED and the Month/Year you began living there	STATE CODE	CITY	MO/YR	STATE CODE	CITY	MO/YR	ADD EXTRA PAGES, AS NEEDED					
Please check one of the following ethnic categories:												
White (Not of Hispanic Origin)			Black (Not of Hispanic Origin)			Asian or Pacific Islander			I do not wish to answer			
Hispanic			American Indian or Alaskan Native									
Have you ever been convicted OR do you have any charges pending? You must include traffic and local ordinance citations (Provide answer on right). You are required to include convictions that have been EXPUNGED. If YES, list charge(s) and year below.										<input type="checkbox"/> YES* <input type="checkbox"/> NO *Does not automatically bar you from employment/volunteering		
Charge				Year		Charge				Year		
Applicant Signature: _____						Date: _____						