

# Lake Crystal Wellcome Memorial Schools

## Independent School District No. 2071

Superintendent, Tom Farrell

607 Knights Lane P.O. Box 160 Lake Crystal, MN 56055

Phone (507) 726-2323 Fax (507) 726-2334

[www.isd2071.k12.mn.us](http://www.isd2071.k12.mn.us)

**INSTRUCTIONS** – Complete the information on page 2 of this form and submit to the district office. You will receive an email instructing you to go online to fill in the required information and pay for your background check. *If you have completed a background check within the last year, providing LCWM with a copy is acceptable.*

### Criminal Background Screening Standards

The Lake Crystal Wellcome Memorial School District strives to maintain a safe and healthy educational environment that promotes the physical, social and psychological well being of all students. All new employees and designated volunteers must receive a criminal background check prior to starting employment or a volunteer assignment with Lake Crystal Wellcome Memorial Schools. An individual will be disqualified and prohibited from serving as an employee or volunteer if that individual has been found guilty or entered a plea of non contender (no contest), regardless of the adjudication for any of the following disqualifying offenses:

#### 1. Sex Offenses

A. All Sex Offenses - Regardless of the amount of time since the offense

*Examples:* Child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure, etc.

#### 2. Felonies

A. All Violent Felony Offenses - Regardless of the amount of time since the offense

*Examples:* Murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary, etc.

B. All Felony Offenses, other than violent or sex within the past ten (10) years.

*Examples:* Drug offenses, theft, embezzlement, fraud, child endangerment, etc.

#### 3. Misdemeanors

A. All Violent Misdemeanor offenses within the past five (5) years, or multiple offenses within the past seven (7) years.

*Examples:* Driving under the influence, underage drinking, simple drug possession, drunk and disorderly conduct, public intoxication, possession of drug paraphernalia, etc.

B. Any other Misdemeanor offense within the past five (5) years that would be considered a potential danger to children, or is directly related to the functions of that employee or volunteer.

*Examples:* Contributing to the delinquency of a minor, providing alcohol to a minor, theft (if person is handling monies), etc.

The district reserves the discretion to consider additional factors and information, including whether the nature of the offense implicates a behavior that is contradictory to an individual's job description, when making employment decisions.

***Disclosure and Authority to Release Information on Reverse Side***

*This document is required to be a separate form and may not be made a part or attached to the Employment Application.*

### Background Information and Release Authorization

I authorize \_\_\_\_\_ and Trusted Employees to conduct a background investigation as part of its employment screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to employers to include wages, educational institutions to include release of grade point averages, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, insurance sources, driving and criminal history.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I understand that if this occurs I will be advised and provided with the name of the agency or source of the information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigative consumer report about me from a consumer-reporting agency. I further understand that I am entitled to a copy of my consumer report directly from the credit bureau free of charge by checking the appropriate box below:

Are you applying for employment in California, Minnesota\* or Oklahoma\*?     Yes     No  
Would you like a copy of the consumer report prepared on you?     Yes     No  
If yes, would you like the report sent via e-mail? (Fastest option)     Yes     No

E-mail: \_\_\_\_\_

\* Minnesota and Oklahoma residents are entitled to a free copy of their report.

**Notice to California Applicants:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Trusted Employees during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at Trusted Employees in person or by mail. Mail requests should be directed to Trusted Employees, 701 5<sup>th</sup> Street South, Hopkins, MN 55343. You may also receive a summary of the file by telephone at 1-888-389-4023/952-545-3953. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnished proper identification.

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment should any statements or answers be found to be false or information has been omitted; such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. If employed by the above referenced employer (with the exception of employment in California) this authorization will remain in effect throughout the term of my employment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

SSN: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Note:** The following information will be used in verifying information on your Employment Application.

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of License Expires On \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
List any other cities and states in which you have lived during the previous 7 years.

\_\_\_\_\_  
List any other LAST NAMES you have used during the previous 7 years or have been known by at an educational institution