

Release of Information Waiver

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, medical records and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Sheboygan Area School District and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Police Chief or Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

If you are offered and accept the offer of employment with the Sheboygan Area School District, you will be scheduled for a pre-employment drug test and physical assessment with an occupational health representative. The drug test will determine drug use during the last 90 days.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, any supplement to it, or a positive drug test will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Signature of Applicant

Date