



School District of Manawa

"Developing Lifelong Learners and Responsible Citizens"

800 Beech Street | Manawa, WI 54949 | (920) 596-2525

District Fax (920) 596-5308 | Elementary Fax (920) 596-5339 | Jr./Sr. High Fax (920) 596-2655

www.manawa.k12.wi.us

Background Check Consent Form

To Prospective Employees:

This form is intended for the safety of our community and our children. As a prospective employee or volunteer for the School District of Manawa we would appreciate the opportunity to ask our Police Department and the Dept. of Justice to run a background check. All information will be confidential between the Police Department and the Administration of the Manawa School District. Any information received will be shared with the applicant upon request.

Please indicate your consent with full signature below:

x

Signature _____

Please print legibly your Full Legal Name below:

First Name: _____ Middle Name _____ Last Name _____

Previous Name/s: _____

Current Address: _____

Previous Address: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, explain: _____

DOB: _____ Gender: _____ Male _____ Female

Race: White ___ Asian ___ Black ___ Hispanic ___ Amer Indn/ Alskan ___ Haw/Pacific Islander _____

Today's Date: _____

Thank you for your cooperation.



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