



# 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.



**Dr. Melanie J. Oppor**

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