ENGAGE. EDUCATE. EMPOWER.

Board of School Trustees: Mr. Michael Mark-President, Mrs. Samantha Hickel -Vice President, Mrs. Melissa Dyer-Secretary, Mrs. Tiffany Fox-Member, Mrs. Diane Gonczy-Member, Mr. John Haas-Member, and Mr. Tyson Bridgman-Member

Request for Adult Criminal History Information.

The Undersigned Certify the Following: I have applied as a volunteer, coach and/or employee with the North Newton School Corporation. In applying for this position, I have completed the necessary Limited Criminal History Application. I made no misrepresentation on the Limited Criminal History Application. North Newton School Corporation may verify information contained in the submitted application and related documents. I understand that after the Limited Criminal History Application is submitted, that at any time North Newton School Corporation can inquire, review, and/or pursue additional information prior to and during the time of my services. I understand and agree that, the North Newton School Corporation reserves the right to seek verification concerning and not limited to, information provided on the Limited Criminal History Report. I understand that any false or misleading information on this form shall be sufficient grounds for North Newton School Corporation to refuse my services as a volunteer, coach and/or employee.

Authorization to Release Information: I authorize you to provide North Newton School Corporation and its agents, any and all information and documentation they request. Such information includes, but is not limited to, a Limited Criminal History Report. North Newton School Corporation and its agents, may address this authorization to any party named in the Limited Criminal History Application. A copy of this authorization may be accepted as an original. Your prompt reply to North Newton School Corporation is appreciated.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees, in determining whether you qualify as a prospective volunteer. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, the prospective application for volunteer services may be void of adequate verifiable information and consideration may be delayed or rejected.

Questions

____ yes ____ no 1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?

____ yes ____ no 2. Have you ever been reprimanded, disciplined, or discharged or asked to resign from a prior position?

____ yes ____ no 3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual misconduct with another person, mishandling funds, or criminal misconduct?

____ yes ____ no 4. Have you ever been charged with or investigated for physical or sexual abuse of another person?

____ yes ____ no 5. Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude?

____ yes ____ no 6. Have you ever been convicted of a misdemeanor and/or felony or ever entered a plea of guilty or a plea of "no contest," or has any court ever deferred further proceedings without entering a finding of guilt or placed you on probation for a crime?

If you have answered yes to any of the previous six questions, please explain, including the date of the incident, charge, any court action taken, the offense in question, and the address of any court involved. Attach extra sheets if necessary.

I understand that any false or misleading information on this form shall be sufficient grounds for North Newton School Corporation to refuse my services as a volunteer.

Signature _____ Date _____

Please type or neatly print ALL information below:

Last Name: _____ First Name: _____ Middle Name: _____ Birthdate: _____

Country of Birth: _____ State of Birth: _____ Gender: Male_____ Female_____ Race: _____

Maiden Name: _____ Phone Number: _____ Email: _____

Any Other Names Used: _____

Please Return to: North Newton School Corporation, Attention HR PO BOX 8, Morocco, IN 47963 or dharden@nn.k12.in.us

- Upon receipt of this form, it will be processed, and once cleared, your name will be included on the Approved Parent/Volunteer List for the North Newton School Corporation. **Due to increased security measures by the Indiana State Police, a request for SS# and/or recommendation for fingerprints at the volunteer's cost may be required. A NEW background check must be completed every year.**

NORTH NEWTON SPARTANS
ENGAGE. EDUCATE. EMPOWER.

310 South Lincoln
PO Box 8
Morocco, IN 47963

PHONE 219-285-2228
FAX 219-285-2708
EMAIL mraisor@nn.k12.in.us
WEBSITE www.nn.k12.in.us

Superintendent,
Dr. Michael Raisor