EVART PUBLIC SCHOOLS
CONSENT FORM

As a prospective employee/volunteer of Evart Public Schools, I understand that it is this district's policy to secure conviction criminal history information as part of their screening process using the information provided below.

NAME:_____
FIRST MIDDLE LAST

MAIDEN NAME/NAMES PREVIOUSLY USED:_____

BIRTHDATE:_____ RACE:_____ SEX:____F ____M

PHONE # _____

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE, LANSING, MICHIGAN. I AUTHORIZE EVART PUBLIC SCHOOLS TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING A CONVICTION ONLY CRIMINAL HISTORY FILE SEARCH.

_____ _____
Signature of Employee/Volunteer **Date**

A copy of your driver's license is required.

Revised 5-11-18
Revised 8-22-19