

**SCHOOL DISTRICT OF MONDOVI**

337 N. Jackson St.  
Mondovi, WI 54755

**Consent for Criminal Background Information Check**

I hereby authorize the School District of Mondovi to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualification for employment.

I release the School District of Mondovi from any and all liabilities, claims or all suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name Printed (no initials)		Maiden Name or Other Names Used
Present Address		How Long?
City	State	Zip
Social Security Number	Drivers License Number	State of License
*Date of Birth	Place of Birth (City and State)	Y <input type="checkbox"/> N <input type="checkbox"/> U.S. Citizen?

\*Date of birth is required for identification purposes only, and is in no manner used as a qualification for employment. The School District of Mondovi does not discriminate on the basis of race, color, sex, handicap, or national origin while employing or in any educational activity or program.

Place of residence for past five years: (Include date(s) and zip code)

Address	P.O. Box/ Apt. #	City	State	Zip Code	Date From	Date To

Current home phone number: \_\_\_\_\_

I am providing this information to the School District of Mondovi voluntarily. I understand that it will be used to verify information.

\_\_\_\_\_  
Signature Date