DEXTER COMMUNITY SCHOOLS

Dexter Community Schools
Authorization for Background Check and Acknowledgments

Please Print

If you are not a permanent employee of the Dexter Community Schools, but are in our buildings or working with our students on a regular basis, we are required to keep the following information on file. Please complete this form and return it to the secretary of the applicable building or department. This information will be held in a confidential manner within our Human Resources Department.

Name_____ E-mail _____

Address _____ Cell Phone _____

_____ Home Phone _____

Date of Birth: ____/____/_____ Race:_____ Gender: _____

Assignment _____

Dexter Contact Person or Supervisor _____

Department: (Please circle) Athletics / Community Education / Classroom-School_____
(Please indicate)
Other _____
(Please indicate)

Beginning Date of Placement_____ Ending Date_____

Will your assignment require the possibility of transporting students or staff at any time? Y or N
Michigan Driver's License #_____ (Please attach a copy of your license.)

In case of illness or emergency, please notify the following person(s):

Name	Relationship	Phone

I understand my services to the Dexter Community Schools are strictly on an as-needed basis. I acknowledge that my services can be discontinued or terminated by the Dexter Community Schools at any time. I agree to handle my services in good faith and represent the Dexter Community Schools in a positive manner by acting professionally and appropriately at all times. I agree to abide by all rules and policies of the Dexter Community Schools and acknowledge that Dexter Community Schools does not provide insurance coverage for any loss, injuries, illness or death resulting from the non-district-employees' service to the School District. By signing this form I waive any claims and release the District of any obligation should I become ill or receive an injury as a result of my services. In addition, by signing this form I hereby give consent and acknowledge that the Dexter Community Schools may conduct a criminal history check at any time through the Criminal Records Division of the Michigan Department of State Police and/or the FBI or any other resource in regards to my assignment with the district.

_____ _____
Signature Date