

## **Oregon School District**

123 East Grove Street, Oregon, WI 53575 608-835-4000 www.oregonsd.org

## AUTHORIZATION TO CONDUCT A CRIMINAL BACKGROUND CHECK FOR EMPLOYMENT PURPOSES - APPLICANT

I understand that the position for which I am being considered requires a criminal background check to be conducted as a condition of employment. This check includes a review of any pending criminal and traffic charges or convictions. To conduct the background check, the Oregon School District contracts with Fidelitec LLC, 245 Horizon Drive, Suite 107, Verona, Wisconsin, 53593; (608) 848-9900 ("Fidelitec").

The Wisconsin Fair Employment Act prevents the Oregon School District from disqualifying applicants based on criminal history unless the applicant's conviction record and/or pending charges are substantially related to the circumstances of the particular job for which the applicant applied. I authorize the Oregon School District and/or Fidelitec to conduct a criminal background check for employment purposes. In connection with this consent, I authorize the use of law enforcement agencies and/or private background check organizations to assist in collecting and/or verifying information.

I am aware that the information requested below is for the sole purpose of accurately gathering the information needed for the criminal background check and will not be used to unlawfully discriminate against me or in violation of state or federal law. I am also aware that the records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine if there is a substantial relationship between the circumstances of the arrest and/or conviction and the position for which I am being considered. I understand that the Oregon School District will provide me with a copy of the report and a statement of my rights under the Fair Credit Reporting Act before any adverse action is taken. If I have any questions, I may contact Jina Jonen, In-House Counsel/HR Director, at (608) 835-4015 or jljonen@OregonSD.net.

First Name:	Middle Name:
(Please print)	
Last Name:	
Other Names You Have Used:	
Social Security Number:	Date of Birth
Address:	
City:	State: Zip:
Signature:	Date: