



**RELEASES AND APPLICANT'S SIGNATURE**

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that Choice Schools Associates and MIChoice may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Choice Schools Associates and MIChoice/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

I understand and agree that pursuant to 1993 Public Act 68 Choice Schools Associates and MIChoice, on behalf of the Academy Board, must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police. Until that report is received and reviewed by Choice Schools Associates and MIChoice, I am regarded as a conditional employee and if the report received from the Department of State Police is not the same as my representation(s) above, respecting either my absence of any conviction(s) or any crimes of which I have been convicted, my employment agreement is voidable at the option of Choice Schools Associates. All hiring and employment at Choice Schools Associates and MIChoice is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Choice Schools Associates and MIChoice has no specific term and may be terminated by the employee or Choice Schools Associates and MIChoice with or without notice. I acknowledge that Choice Schools Associates and MIChoice have not made any promises or representations that differ from those contained in this paragraph.

I understand that I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Choice Schools Associates or MIChoice, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to Choice Schools Associates and MIChoice. I agree to release and hold harmless Choice Schools Associates and MIChoice from all liability with respect to the receipt of such information.

I certify the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Choice Schools Associates or MIChoice may be terminated.

Applicant's Printed Name: \_\_\_\_\_

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



**CONDITIONAL EMPLOYMENT FORM**

If offered employment by Choice Schools Associates or MIChoice , I understand that I have been conditionally offered a position as an employee, subject to a criminal conviction history check and fingerprinting. I understand that the information below is required by the Michigan State Police, Lansing, MI, for the criminal conviction history check. I authorize Choice Schools Associates or MIChoice to utilize this information for the sole purpose of obtaining a conviction only criminal history file search.

Name: \_\_\_\_\_  
Last First Middle

Name(s): Maiden/name previously used, if any: \_\_\_\_\_

Birth date: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

*Check one of the following:*

\_\_\_\_\_ I **have not** been convicted of, or plead guilty or nolo contendere (no contest) to any crimes.

\_\_\_\_\_ I **have been** convicted of, or plead guilty or nolo contendere (no contest) to the following:

a.

b.

I understand and agree that pursuant to 1993 Public Act 68, the Board of Directors must direct the Education Service Provider to request a criminal history check on teachers and administrators from the Central Records Division of the Michigan Department of State Police. I further understand that the Board's Education Service Provider, Choice Schools Associates LLC or MIChoice, requires the criminal records check on all employees. Until that report is received from the Michigan Department of State Police, I am regarded as a conditional employee and if the report received from the Department of State Police is not the same as my representation(s) above, respecting either my absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of Choice Schools Associates or MIChoice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**CONSENT FOR RELEASE OF INFORMATION FROM CURRENT OR FORMER EMPLOYER  
Required under Act 451 of Public Acts 1976, Section 1230b, May 8, 1996**

In connection with my application for employment through Choice Schools Associates or MICHoice, and pursuant to Section 1230b of the Revised Michigan Code of 1976, Act No. 451 of the Public Acts of 1976, I, the undersigned, hereby authorize my current and/or former employer(s) to disclose to the Academy any unprofessional conduct by myself and to make available to the Academy any copies of all documents in my personnel record maintained by my current and/or former employer(s) relating to that unprofessional conduct. According to Act No. 451 of the Public Act of 1976, "unprofessional conduct" means 1 or more acts of misconduct; 1 or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor; or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct."

I further release my current and/or former employer(s), and employees acting on behalf of the current or former employer(s), from any liability for providing the information described above, and I waive any written notice required under section 6 of the Bullard-Plawecki employee right to know act, Act No. 397 of the Public Acts of 1978, beginning section 423.506 of the Michigan Compiled Laws.

It is my understanding that any information obtained in the course of this investigation will be held strictly confidential by the Academy and its agents. Information gathered will be used only for the purpose of evaluating my qualifications for employment in the position for which I have applied.

I understand that the Academy cannot hire an applicant who does not sign this statement, as described in Act 451 of Public Acts of 1976, section 1230b(1).

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Applicant's Social Security Number \_\_\_\_\_ Please Type Name Here

Most Recent Employer: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

**FORMER EMPLOYER – Please complete this section and return it to Choice Schools Associates/MICHoice**

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Unprofessional Conduct While Employed?  Yes  No If yes, please answer the following questions:

Date/dates of incident: \_\_\_\_\_ Copies of documentation enclosed:  Yes  No

Reason for leaving employment:  Discharged  Resigned  Other

Company Name: \_\_\_\_\_

Name of official preparing this document: \_\_\_\_\_

Signature of official preparing this document: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_



**CRIMINAL RECORDS CHECK RELEASE**

Michigan Department of State Police  
Central Records Division  
Freedom of Information Unit  
7150 Harris Drive  
Lansing, MI 48913

As a prospective employee/volunteer of Choice Schools Associates or MIChoice, I understand that it is the agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below:

Name: \_\_\_\_\_

Maiden Name/Names Previously Used: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

MI Driver's License Number: \_\_\_\_\_

I understand that the above information is required by the Criminal Records Division of the Michigan State Police, Lansing, Michigan. I authorize Choice Schools Associates or MIChoice to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

\_\_\_\_\_  
Signature of Prospective Employee/Volunteer

\_\_\_\_\_  
Date



**RELEASE OF INFORMATION**

I authorize Choice Schools Associates or MIChoice to release pertinent information regarding the results of my criminal inspection to the Academy I will be assigned, to other local and intermediate school districts upon request, and to the Academy's authorizer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date