

The following forms are provided for individuals who have been notified by their educational institution of their approved Student Teaching/Internship/Practicum assignment with the Livingston ESA.

*****PLEASE NOTE*****

Placement is contingent upon the successful completion of the criminal records screening process.

Please call 517-546-5550 to schedule a fingerprinting appointment.

Fee of \$60.00 (check or money order only) must be paid at the time of your appointment.

A LIVESCAN Request form will be provided to you at the time of your

Forms (and in certain circumstances, confirmation of physical examination & TB test) MUST be completed PRIOR to being allowed in the classroom.

PERSONAL INFORMATION

Name

First

Middle Initial

Last

Email

Address

Street

City

State

Zip Code

Phone Number

Area Code & Telephone Number

Social Security Number

ASSIGNMENT / PLACEMENT INFORMATION

Position (Teacher, School Social Worker, etc.)

Location (Brighton Area Schools, Livingston ESA Education Center, etc.)

EMERGENCY CONTACT INFORMATION

Contact's Name

First

Middle Initial

Last

Phone Number

Area Code & Telephone Number

Relationship of the Contact Person to You

(Parent, Spouse, etc.)

In order to ensure the protection of children in the care of the Livingston Educational Service Agency, school policy requires, prior to any and all persons being granted admittance to the school, or to any function conducted by the school, all applicants complete a **Fingerprint** or **State of Michigan ICHAT** background check. ***Any applicant declining to complete a "Background Check Acknowledgment Form" will not be considered.***

PERSONAL INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]

Date and / or Duration of Scheduled Assignment: _____

CRIMINAL HISTORY INFORMATION

1) Have you previously requested a student teaching / intern assignment at the Livingston Educational Service Agency?

Yes No

2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?

Yes No

Date and state offense/conviction occurred: _____

If yes, provide a detailed description of the conviction: _____

3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

Yes No

Date and state offense/misdemeanor occurred: _____

If yes, provide a detailed description of the conviction: _____

4) Are you the subject of a current criminal investigation or have pending charges against you?

Yes No

Date and state the investigation is ongoing: _____

If yes, provide a detailed description of the investigation or pending charges: _____

BACKGROUND CHECK ACKNOWLEDGMENT FORM *(cont'd)*

The Livingston Educational Service Agency reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Electronic Signature Agreement: By selecting the "I Accept" button, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document. You further agree that your signature on this document is as valid as if you signed the document in writing. **I Accept.**

Signature: _____
Date Signed: _____ [mm/dd/yyyy]

Parent/Guardian signature is required for persons under eighteen (18) years of age.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Electronic Signature Agreement: By selecting the "I Accept" button, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document. You further agree that your signature on this document is as valid as if you signed the document in writing. **I Accept.**

Signature: _____
Date Signed: _____ [mm/dd/yyyy]

Please submit completed form to: MandyRutzel@LivingstonESA.org

Questions or concerns, please contact: **Mandy Rutzel**
Human Resources
MandyRutzel@LivingstonESA.org