



### Applicant Authorization for Background Check / ICHAT

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Clarkston Community Schools and its agents to conduct a background check as part of the applicant/volunteer pre-employment/participation process. This background check will include a criminal record search and driving record check. I understand that this search is conducted for all applicants and/or volunteers as part of the NCLB Child Safety Act. I understand that the following information is required in order to conduct the search and voluntarily submit the requested information:

Print full legal name: \_\_\_\_\_

Print any additional name(s) used: \_\_\_\_\_

Home address: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Gender: Female  / Male

Race: White  / Black  / Asian or Pacific Islander  / American Indian or Alaskan Native

Name of Teacher(s) or Director of Program \_\_\_\_\_

#### Check ALL that apply

- Andersonville Elementary       Springfield Plains Elem       Early Childhood Center       Chicago Trip
- Bailey Lake Elementary       Sashabaw Middle       Special Education Dept.       Admin Bldg
- Clarkston Elementary       Clarkston Jr High       6th Grade Camp       Optimist Club
- Independence Elementary       Clarkston High       Community Ed Center       All Night Party-CHS
- North Sashabaw Elementary       Renaissance High       SCAMP       Student Transportation
- Pine Knob Elementary       Robotics       Destination Imagination       \_\_\_\_\_  
(circle applicable school)      (circle applicable school)

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

\*This form will *not* be processed unless accompanied by a clear copy of your Michigan Drivers License or Michigan State ID.