

## **CRIMINAL RECORD CHECK AUTHORIZATION**

I, the undersigned, give my permission for the School District of Berlin to conduct a criminal history check. I understand that a criminal record does not constitute an automatic bar to employment and that it will only be considered as it relates to the position for which I have applied. I understand that in addition to the state criminal history check, local area law enforcement agencies may also be contacted for information.

I also give my permission for the school district to conduct a check of my driver's record.

Both the authorizations expire thirty calendar days after the date listed below.

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|                       |      |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

Please print name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

WI Driver License #: \_\_\_\_\_

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