



SCHOOL DISTRICT OF ASHLAND Criminal Record Inquiry Form

The following information is required of applicants and requested solely to enable the School District of Ashland to make inquiries to appropriate government officials regarding possible criminal records or pending criminal charges, which pursuant to Wisconsin Statutes, may substantially relate to the position for which I am applying / volunteering. Any criminal record information obtained will be used only in accordance with applicable law.

Full Name: _____
Last First Middle

Previous Name(s): _____ **Social Security Number:** _____

Gender: Male Female **Driver's License Number:** _____

Ethnicity: Hispanic / Latino Ethnicity? **Race:** American Indian / Alaskan Native Asian
(Check one) Yes No (Check all that apply) Black / African-American Native Hawaiian / Other Pacific Islander
 White

Date of Birth: _____ / _____ / _____ **Place of Birth:** _____
Month Day Year (City and State)

Home Phone #: _____ **Cell Phone #:** _____

Do you have any criminal history, ordinance violation or involvement in any pending court cases? _____ No _____ Yes

If yes, please specify: _____

Current & Previous Residency Information: Please list all residency information since the age of 17, starting with the most recent.

Address	City	State	Your name at that time
1.			
2.			
3.			
4.			
5.			

Volunteer Information: If you wish to volunteer with the School District of Ashland, please complete the section below.

Assignment / Purpose: _____
Teacher / Supervisor in charge: _____
Student(s) Name & Relationship (If applicable): _____
Location(s): <input type="checkbox"/> Lake Superior Primary School <input type="checkbox"/> Lake Superior Intermediate School <input type="checkbox"/> Marengo Valley Elementary School (Check all that apply) <input type="checkbox"/> Ashland Middle School <input type="checkbox"/> Ashland High School <input type="checkbox"/> Other (specify): _____
Event Date(s): _____
This portion must be completed by the volunteer or supervisor before it will be processed.

I hereby authorize the School District of Ashland to conduct a criminal record inquiry. The above stated information is true and correct to the best of my knowledge.

Signature

Date

*** Please return this form to the school directly. Thank you!***