MUST BE FULLY COMPLETED BY EMPLOYEE

CRIMINAL CONVICTION HISTORY FORM

Please fill out the form completely and click submit for processing.

I understand that the information below is required by the Michigan State Police, Lansing MI, for the criminal conviction history check. I authorized **Waterford School District & or Professional Contract Management, Inc. (PCMI)** to utilize this information for the sole purpose of obtaining a conviction only history check file search.

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	
Race **	Gender **	
_____	_____	_____
Month of Birth **	Day of Birth **	Year of Birth **
_____	_____	
Social Security #	Michigan Drivers License #	
_____	_____	_____
Last Name	First Name	Middle Initial
Other Names used (Maiden, Alias, etc.)		
_____	_____	_____
Last Name	First Name	Middle Initial
Other Names used		

State and Countries lived in last 10 years: _____

Pursuant to 1993 Public Act 68, I represent that (check one):

☐ I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

☐ I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date and court):

a. _____

b. _____

I understand and agree that pursuant to 1993 Public Act 68:

1. the Board of Education must request a criminal history check on me of the Central Records Division of the Michigan Department of State Police;
2. until that report is received and reviewed by the School, I am regarded as a conditional employee; and
3. if the report received from the Department of State Police is not the same as my representations(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of the School or Professional Contract Management, Inc (PCMI).

☐ I was previously fingerprinted on _____(date) and authorized release of my prints and/or criminal history report from previous school district (address or fax number): _____.

or

☐ I am being fingerprinted this date by Waterford Schools and authorized my prints and/or criminal history report received from these prints to any Michigan Public School District Personnel Department or Professional Contract Management, Inc. (PCMI).

_____ _____

Date Typed Full Name

POSITION APPLYING FOR:_____

PHONE NUMBER:_____

UPDATED

11.1.06

Reset Submit

**Information used for identification purposes only