



**SAUGATUCK PUBLIC SCHOOLS
STATE OF MICHIGAN BACKGROUND CHECK FORM**

Please complete the following information:

Last Name: _____

First Name: _____

Race: _____ Sex: M F

Birth Date: _____

Social Security Number: _____ - _____ - _____

Michigan Driver's License Number: _____

Other Names (maiden name, other married names, aliases)

BACKGROUND CHECKS: For the safety of our students, and as public law defines, Saugatuck Public Schools conducts a criminal history background check on all new employees and volunteers. The results are kept confidential and are a routine part of the employment process for Michigan Public Schools.

By signing this form, I authorize Saugatuck Public Schools to run a criminal background check and understand this is a routine part of the employment process for Michigan Public Schools.

Signature

Date

Please complete this form and return it to Central Office.