

Student's Name: \_\_\_\_\_

# Westfield Washington Schools

322 West Main Street • Westfield, Indiana 46074 • 317-867-8000 • <http://www.wws.k12.in.us>

Dr. Sherry Grate, Superintendent

## NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with Westfield Washington Schools. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with Westfield Washington Schools.** A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of Personnel Department of the Company, and within 5 days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part of the information contained in the consumer report, you will be provided a copy of the report, the name, address and the telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting act, as well as additional information on your rights under the law.

## AUTHORIZATION

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Westfield Washington Schools to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at Westfield Washington Schools. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

_____			
_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix
_____	_____	_____	_____
Date of Birth (MM/DD/YYYY)			Gender (M/F)
_____	_____	_____	_____
AKA Last Name	AKA First Name	AKA Middle Name	
_____	_____	_____	
AKA Last Name	AKA First Name	AKA Middle Name	
_____	_____	_____	
_____	_____		
Mother's Maiden Name	Place of Birth		
_____	_____		
_____	_____		_____
Current Street Address	Apartment or Suite		
_____	_____	_____	
City	State	Zip	
_____	_____		
Signature	Date		

Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.

## **WWS Anti-Bullying Training Requirements for Volunteers**

Westfield Washington Schools requires that all volunteers complete an anti-bullying webinar in accordance with Indiana law. All Band Boosters volunteers must view the webinar and complete an assessment by going to the following school website: [http://www.wws.k12.in.us/apps/pages/index.jsp?uREC\\_ID=285646&type=d&pREC\\_ID=653553](http://www.wws.k12.in.us/apps/pages/index.jsp?uREC_ID=285646&type=d&pREC_ID=653553). Click on Start Prezi to watch the video. After watching, please click on: **Please complete this...** and complete the assessment. Thank you for helping the Band Boosters and Westfield Washington Schools remain compliant!