

Boyne Falls Public School

Employee Criminal Background Directions

Revised: 03-02-2017

The State of Michigan requires that prior to the start of your employment with Boyne Falls Public School all workers are to be fingerprinted via an electronic process called Livescan Fingerprinting.

Previously Fingerprinted?

If you have previously been Livescan fingerprinted since January 1, 2006 for a school under the School Employment Act (SE), answer the following questions and follow the directions below:

- *Are your fingerprints currently maintained at a school or ISD, and*
- *Have you worked in a K-12 school in the State of Michigan within one year (365 days) of today's date without a break in service? OR have worked for PCMI or EDUASTAFF in the last 12 months?*

If you answer **YES** to all of the questions you must:

- Complete the **Fingerprint Disclosure Form (found below)** for the school, ISD or agency to release your fingerprints results to Boyne Falls Public School

If you answer **NO** to all of the questions you must:

- be Re-Fingerprinted before you can begin working for Boyne Falls Public School by completing the Livescan fingerprint directions below.

EDUSTAFF EMPLOYEES (Substitute Teachers, Substitute Paraprofessionals, Substitute Food Service, Coaches, Class Advisors, 21st Century Staff)

Please visit the Char-Em ISD website at <http://www.charemid.org/aboutus/jobs/> for a step by step process to be fingerprinted and approved.

ALL OTHER CONTRACTED SERVICES (METS SUB DRIVERS-CUSTODIAL)

If you DO NOT have a current Livescan Background Check, than please take the following steps:

1. Fill out the **Criminal History Consent Form (found below)** – this form goes directly to Boyne Falls Public School Business Office ASAP.
2. Register online to make your fingerprint appointment at: [Online Fingerprint Registration Link](#). If you need further assistance please call (866)226-2952.
3. Fill out the: [Livescan Fingerprint Form \(RI-030\)](#) You must bring this form to your appointment and send a copy to Boyne Falls Public School Business Office after completion.

After you have completed the fingerprint process Livescan will send your results to Boyne Falls Public School. Your original prints will be held here.

Boyne Falls Public School

Fingerprint Disclosure Form

The State of Michigan requires that prior to the start of your employment with Boyne Falls Public School, all workers are to be fingerprinted via an electronic process called Livescan Fingerprinting. A copy of your fingerprints can be requested from a prior Michigan School District/ISD if you have been LiveScan Fingerprinted since Jan 1, 2006 and you have worked for a Michigan school district without a break in service in the last 12 months. Please complete the information below authorizing the release of your fingerprints.

If you have NOT been Livescan Fingerprinted since January 1, 2006 or if you have not worked for a Michigan school district in the last 12 months, without a break in service, you will need to get a NEW Livescan Fingerprint completed before you can begin working at Boyne Falls Public School.

Full Name (Last, Middle, First)		Maiden Name	
Birth Date		Last Four Digits of Social Security Number	
Former Employer Full Address	Former Employer Phone	Former Employer Fax	
Former Employer Supervisor's Name		Former Employer Email Address	
Approximate Date of Fingerprinting	Michigan School District or ISD That Holds Your Print Results		
Michigan School District or ISD Phone		Michigan School District or ISD Fax	

This signed release authorizes fingerprint information to be forward to:

- *Boyne Falls Public School 01662 M-75 South PO BOX 356 Boyne Falls, MI 49713*
- *Phone 231-549-2211 Fax 231-549-2922 or email isparks@boynefalls.org.*

I, _____, (your name) authorize BFPS and _____ (school releasing fingerprints) to obtain from the stated school district (where prints are maintained), all information and reports about the criminal record check maintained by said school district pursuant of Public Act 99, amended by Public Act 68. I understand this information is required by P.A. 99, amended by P.A. 68. I fully release the above stated school district and BFPS to the maximum extent permitted by law from any liability whatsoever in connection with either the release or use the report required by P.A. 99, amended by P.A. 68.

Employee's Signature

Date

Boyne Falls Public School

Criminal History Search Consent Form

As a prospective employee of **Boyne Falls Public School** I understand that it is this agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below.

Full Name (Last, Middle, First)		Maiden Name and/or Previously Used Name	
Date of Birth	Race	Sex	
Driver's License Number		Social Security Number	

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize Boyne Falls Public School to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Signature of Applicant

Date

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

1. I **HAVE NOT** been convicted of, or pled guilty or nolo contendere (no contest) to any crimes (misdemeanors or felonies).
2. I **HAVE BEEN** convicted of or pled guilty or nolo contendere (no contest) to the following misdemeanors and/or felonies (use separate sheet to explain nature of conviction, date and court):

a. _____

b. _____

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

- the Board of Education of the school district or governing body of the nonpublic school (the "School") must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police;
- until that report is received and reviewed by the School, I am regarded as a conditional employee; and
- if the report received from the Department of State Police is not the same as my representation(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.

Signature of Applicant

Date