

MIAMI TRACE LOCAL SCHOOL DISTRICT
3818 STATE ROUTE 41 NW
WASHINGTON C.H., OHIO 43160
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<http://miamitrace.k12.oh.us>

David Lewis
Superintendent



Debbie L. Black, CPA
Treasurer/CFO

Applicant for Employment Waiver/Authorization

I acknowledge being informed that, as a precondition to employment, in the position for which I am applying, I must in accordance with Ohio law submit to fingerprinting, and satisfactorily pass a criminal records check, if I come **Under Final Consideration** for employment.

I recognize that the Board of Education will pay \$22.00 for the cost of the Ohio Bureau of Criminal Identification and Investigation (BCII) records check and \$24.00 for a nationwide FBI records check. Unless I submit to the background check, I will not be employed by Miami Trace.

I authorize investigation of all matters contained in my application for employment; certify that all statements made by me of the Miami Trace Local School District employment application are true and accurate to the best of my knowledge. In the event it is necessary for the Board to employ an individual prior to having received the results of the criminal records investigation, that individual's employment shall be contingent upon subsequent receipt by the Board of a report from the Bureau of Criminal Identification and Investigation (BCII) which is not inconsistent with the employee's answers on the job application. If a report is subsequently received from the BCII which is not consistent with the employee's answers to questions on the job application, the employee shall immediately be released, and the action of the Board employing such individual shall be void without any further act by any party, and without the necessity of proceedings under R.C.3319.16 to formally terminate such employee's contract of employment.

I authorize all persons, schools, companies, corporation, former employers, and law enforcement agencies to supply any lawful information concerning my background and release them from all liability and responsibility arising from their doing so.

Print Name: _____

Signature: _____ **Date:** _____

See reverse side for disqualifying offenses