



ROSCOMMON AREA PUBLIC SCHOOLS

MICHIGAN STATE POLICE ICHAT FORM

REQUIRED BACKGROUND INFORMATION

FIRST NAME:				
LAST NAME:				
DATE OF BIRTH:	(____ / ____ / ____) (MM/DD/YYYY)			
RACE:				
American Indian or Alaskan Native <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>	African American or Black <input type="checkbox"/>	Caucasian or White <input type="checkbox"/>	Unknown or Other <input type="checkbox"/>
GENDER:				
<input type="checkbox"/> Female		<input type="checkbox"/> Male		

BUILDING AND STUDENT INFORMATION		
<input type="checkbox"/> RES	<input type="checkbox"/> RMS	<input type="checkbox"/> RHS
Student Name (First and Last)		
Student Name (First and Last)		
Student Name (First and Last)		

I, _____ hereby authorize **Roscommon Area Public Schools**
Print (first and last name)

to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying/volunteering. I understand that Roscommon Area Public Schools will utilize ICHAT through the Michigan State Police to assist in checking such information and I specifically authorize such an investigation by this service and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for employment/volunteering will not be processed further.

Signature of Volunteer

Date