DECATUR CENTRAL HIGH SCHOOL Band Department

January 2016

Dear staff member,

Per agreement with the rules and regulation of Decatur Township Schools, all adults must have a background check before they can work with our students. The band department takes great pride in having a world class teaching staff to assist us with our goal of becoming the best possible group that it can be.

You are being asked to submit this information to our Central Office no later than the end of August. *Please make sure that you also submit the \$31.50 application fee.* If you have lived in another state please be aware that there could be additional costs for research. If you have completed a background check for another purpose please forward me that information.

Thank you for your understanding and cooperation in that matter. If you have any questions please feel free to contact me.

Mailing Address:

Decatur Township Schools Attn: Jane Kirk 5274 Kentucky Ave. Indianapolis, IN. 46221

Sincerely,

Tim Cox Director of Bands Decatur Central HS Indianapolis, IN 46221 Cell: 317-506-1101

Metropolitan School District of Decatur Township Notice of Background Investigation

I certify that the information given in my application is true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) or any omission of information may result in discharge.

Name of Applicant	Phone #	Position	Desired
A consumer report and/or an invest character, employment history, gen qualifications, motor vehicle record connection with your application for consumer report and/or an investiga application process or during your a request of MSD of Decatur Townsh number of the reporting agency and disclosed to you.	eral reputation, personal character l, mode of living, and/or credit and or and/or continued employment ative consumer report may be obte employment with the MSD of De- nip, and within 5 days of the requ	ristics, police record, educ ad indebtedness may be ob- with MSD Decatur Towns ained at any time during t ecatur Township. Upon tin est, the name, address, and	cation, otained in hip. A he nely written d phone
Before any adverse action is taken, report, you will be provided a copy reporting agency, and a summary o	of the report, the name, address a	and the telephone number	
By signing below, Ivoluntarily authorize MSD Decatur report about me from a consumer re- regarding my employment and/or c submit payment in the amount of for completion of this report prio	eporting agency and to consider t ontinued employment at MSD of \$31.50 (check or cash or credit	his information when mak [•] Decatur Township. I fur t card) to MSD Decatur '	consumer ting decisions ther agree to
Print Name (first, middle, last)	Socia	ll Security Number	
Date of Birth (MM/DD/YYYY)	Driver's License Number	Drivers License State	
Race (Voluntary):			
American Indian/A Black/Non-Hispan	laskan Native Asian/Pac ic White/No		Multi-Racia Hispanic
Other names by which I have been	known:		
Current Address:			
Previous Addresses (past 7 years):			