



ISHPEMING PUBLIC SCHOOL DISTRICT NO. 1
319 EAST DIVISION STREET
ISHPEMING, MICHIGAN 49849
906.485.5501 EXT. 431



Attention: Athletic Coaches

The Ishpeming Public School District (IPSD) utilizes the company of ESS Midwest/PCMI (AKA Wills Sub) Services for employment of Athletic Coaches. There are procedures that must be followed through ESS Midwest/PCMI **before you may begin** your position with the Ishpeming Public School District. Please contact ESS Midwest/PCMI (www.pcmiservices.com, 1.877.855.7264, HRMidwest@ess.com) for employment procedures. ESS Midwest/PCMI will also be able to assist you if you previously registered with them under a separate employment category (i.e. substitute teacher, substitute paraprofessional, etc.).

IMPORTANT: The Michigan Revised School Code requires the Ishpeming Public School District (IPSD) to obtain a criminal history records report (both State and Federal) on all individuals applying for any positions within the District. This requirement is necessary for permanent and substitute employees as well as athletic coaches. The fees for fingerprinting are the responsibility of the Athletic Coach – not the IPSD.

Before you may work with the IPSD through ESS Midwest/PCMI, you must be fingerprinted. If you have previously been fingerprinted for school employment, please contact the Office of the Superintendent (906.485.5501 Ext. 431) for a release form, as you *may* not need to be re-printed, unless you had a separation of employment. If you have never been fingerprinted for school employment, the following location options are available for fingerprinting:

1. Marquette City Police Department (300 W. Baraga, Marquette, MI) is available for fingerprinting Monday-Friday from 8 a.m. until 5 p.m. No appointment is necessary. Please bring the Live Scan form (provided below) with you along with a photo ID. *(You must have this form with you, or you cannot be fingerprinted.)* The cost is \$80 payable by cash or check. **You must return your completed Live Scan form (RI-030), Waiver Agreement (RI-088A), and Conviction Disclosure to the Office of the Superintendent, IPSD, 319 East Division Street, Ishpeming, MI 49849. Both forms (RI-030 and RI-088A) must be signed on or before you are printed.**
2. IdentoGO also provides fingerprinting services. An appointment **is** necessary, **no** walk-ins are processed. To make an appointment with IdentoGO visit the following website address:

<http://www.identogo.com/FP/Michigan.aspx>

The cost of their service is payable at the time of fingerprinting by business check or money order. Credit cards are also accepted and can be used at the time of making the appointment.

The information needed in order to schedule your appointment is provided on the Livescan form provided below. **You must return your completed Live Scan form (RI-030), Waiver Agreement (RI-088A), and Conviction Disclosure to the Office of the Superintendent, IPSD, 319 East Division Street, Ishpeming, MI 49849. Both of forms (RI-030 and RI-088A) must be signed on or before you are printed.**

PLEASE NOTE:

- School safety legislation now prohibits a school district from employing, in any capacity, a person convicted of a listed offense. Individuals currently employed by a school district on the sex offenders' registry must be dismissed from employment.
- School safety legislation also requires you, as an employee of the district/school, to self-report to your employer and the Michigan Department of Education when you have been arraigned/charged with certain identified crimes. You must do so within three business days or you will be guilty of an additional crime.
- ESS Midwest/PCMI will be notified by the IPSD once you are cleared for eligibility by the IPSD.

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273
COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information							
1. Fingerprint Reason Code SE	2. Requestor/Agency ID 10586M	3. Agency Name ISHPEMING PUBLIC SCHOOL DISTRICT			4. Individual ID (MNU-OA)		
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name			1b. First Name			1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State	
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color		18. Hair Color	
III. Live Scan Information							
1. Date Printed	2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Live Scan Operator*		
*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.							
IV. Privacy Act Statement							
<p>Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p>Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p>Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
V. Procedure to Obtain a Change, Correction, or Update of Identification Records							
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>							
VI. Consent							
<p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>							
Signature:						Date:	

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

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(906) 485-5501



Conviction Disclosure Form

Name (Please Print) Date of Birth _____

School/District Name (Please Print) Position (Please Print)

Pursuant to Public Act 138 of 2005, I represent that (check all that apply):

- 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) nor am I the subject of a finding of guilt by a judge or jury of any crime.

- 2. This is my initial disclosure, I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes (attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction):
 - Felony_____ Misdemeanor _____ Conviction_____
 - Felony_____ Misdemeanor _____ Conviction_____

- 3. This serves as disclosure of subsequent convictions for which I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes (attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction), and I understand that failure to disclose any subsequent convictions is considered to be a crime:
 - Felony_____ Misdemeanor _____ Conviction_____
 - Felony_____ Misdemeanor _____ Conviction_____

In signing this form, I understand and agree that:

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 and the Federal Bureau of Investigation (F.B.I.);

- 1. If I have been convicted of a listed offense, my employment shall be terminated. I also understand that if I have been convicted of a felony, other than a listed offense, the superintendent, or chief administrator and the board or governing body must each approve, in writing, my employment or work assignment.

- 2. Until the criminal history report is received and reviewed by the employing school/district, I am regarded as a conditional employee and if the criminal history report 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 may be voided at the discretion of the employer. If such employment contract is voided, I understand that my employment is terminated, a collective bargaining agreement that would otherwise apply to my employment does not apply to the termination, and the District or governing body of the nonpublic school is not liable for the termination.

I hereby authorize such a records check.

Signature

Date

MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) Ishpeming Public School District, to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State	ZIP Code
What is your current or prospective status (check one)? <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Other Qualified Entity			
Signature		Date Signed	

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY