



# ROSCOMMON AREA PUBLIC SCHOOLS

## MICHIGAN STATE POLICE ICHAT FORM REQUIRED BACKGROUND INFORMATION

FIRST NAME	LAST NAME
DATE OF BIRTH	MAIDEN NAME (If Applicable)
( ____ / ____ / ____ ) MM / DD / YYYY	
RACE	GENDER
<input type="checkbox"/> 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"/> Female <input type="checkbox"/> Male
BUILDING	STUDENT(S) NAME (First and Last)
<input type="checkbox"/> RES <input type="checkbox"/> RMS <input type="checkbox"/> RHS <input type="checkbox"/> ALL (please check this box if you have students in more than one building)	_____ _____ _____

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