

PERSONNEL	G
CRIMINAL IDENTIFICATION RECORDS POLICY	GBN
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Any and all persons hereinafter seeking employment with the Lincoln School Department shall include with her/her application a criminal identification report from the Lincoln Police Department, Lincoln, Rhode Island, or in the alternative, a duly executed Waiver authorizing the Lincoln School Department to obtain such report on his/her behalf.

1. Any applicant who refuses to comply with this Policy shall be ineligible for employment by the Lincoln School Department.
2. Any information so obtained shall not be given to any other person, firm or corporation without first obtaining the applicant's written consent; provided, however, that such consent may be withdrawn at any time, in writing, by the applicant.
3. Any information so obtained shall be marked "CONFIDENTIAL" and may not be used for any purpose other than the application for employment or any matter in connection with the denial thereof.
4. No applicant possessing a criminal record which bears directly or indirectly upon performance of the employment duties shall be employed, at the sole and absolute discretion of the Lincoln School Committee, whose determination shall be final and binding.
5. A copy of this Policy shall be shown to each applicant at the time application for employment is made.
6. The Waiver Authorization required by this Policy shall be the form annexed hereto, or as amended from time to time.

First Reading: April 13, 1992
Second Reading: May 18, 1992
Adopted: May 18, 1992

TOWN OF LINCOLN SCHOOL COMMITTEE, Lincoln, Rhode Island

WAIVER AUTHORIZATION

This Waiver Authorization expressly authorizes the Lincoln Police Department, Lincoln, Rhode Island, to furnish the Lincoln School Department any and all criminal information it may have concerning me. The release of the requested information is necessary for the purpose of employment. This authorized information is not to be given to any other person, firm or corporation not specified herein without first obtaining the undersigned's additional written consent. The undersigned may withdraw this consent at any future time, in writing.

Signature of Witness

Signature of Applicant

Date

Full Name of Applicant

Applicant's Social Security Number

Applicant's Date of Birth

Present Address:

Street Address
How long at this address: _____ years

City, State, Zip Code

Prior Address:

Street Address
How long at this address: _____ years

City, State, Zip Code

Prior Address:

Street Address
How long at this address: _____ years

City, State, Zip Code