



Ottumwa Community School District  
1112 N. Van Buren  
Ottumwa, IA 52501

Dear Prospective Employee/Volunteer:

As a condition of employment with our District, for all personnel, we require a criminal history records check from any law enforcement agency or judicial record agency that we consider appropriate. Please note that the law enforcement agency or judicial record agency will require your written permission and release before providing the background information requested.

(See attached document(s).)

**The District's offer of employment will be automatically withdrawn *and/or* you will be terminated should the following be true:**

- 1. Information discovered in the course of such a check conflicts with statements you made on your employment application.**
- 2. This check reveals you have been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child or any other felony that, in the District's opinion, is related to the position for which you are applying.**
- 3. Conviction of a drug offense or an offense involving violence may result in withdrawal of any offer.**

Employees and volunteers who will be working with children are required by the Ottumwa Community School District to give written permission for a Child Abuse Registry Check. This check must also be satisfactory in order for you to be employed by or retain your employment or volunteer status with the District.

If the position for which you are applying requires you to have a driver's license *and/or* you may be required to transport students, you will be required to give written permission for a check of your driving record from the Iowa Department of Transportation. This check must also be satisfactory in order for you to be employed by or retain your employment or volunteer status with the District.

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I, \_\_\_\_\_ (print name) have read and fully understand the above information and give my permission to Ottumwa Community School District to perform the background verification described herein as part of its employment/volunteer process.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness to Signature \_\_\_\_\_

Date \_\_\_\_\_

FORMS\OCSD background release.doc



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuserregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry, Dependent Adult Abuse Registry, Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address, Fax, Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last First Agency Name Telephone Number
Sweeney, James Inquirehire, Inc (563) 323-5441

Address Fax Number
320 LeClaire Street (563) 323-5441

City State Zip Code Email
Davenport Iowa 52801 inbox@inquirehire.com

List the name and address of the person whose information is being requested:

Name (last, first, middle) Birth Date Social Security Number

Address City County State Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing Date

Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee Date

Comments

Complete Section

Sign Here

**LEGAL PROVISIONS FOR HANDLING  
CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

**Redissemination of Child and Dependent Adult Abuse Information  
(Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when ALL of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

**Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

## AUTHORIZATION FOR CONSUMER REPORTS

### Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Inquirehire ("Agency"), 320 LeClaire Street, Davenport, IA 52801, telephone number (800) 494-5922, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.inquirehire.com](http://www.inquirehire.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted \_\_\_\_\_ / No, my current employer cannot be contacted \_\_\_\_\_

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

I am providing the following information for the preparation and proper verification of the consumer report.

Previous maiden name or other married name? Yes \_\_\_ No \_\_\_  
If yes, list names and corresponding years. \_\_\_\_\_

Drivers License number: \_\_\_\_\_ State of issuance (DL): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List all past counties of residence and corresponding years: (i.e. Scott, IA 2003 – 2013)  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_

Current Address, City, State, & Zip  
\_\_\_\_\_

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

Signature \_\_\_\_\_ Date \_\_\_\_\_ Email address \_\_\_\_\_

Print Full Name - Include Middle Name (please print legibly)

Parent/Guardian Signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

Inquirehire, Inc. 320 LeClaire Street, Davenport IA 52801 | 800-494-5922 or [inbox@inquirehire.com](mailto:inbox@inquirehire.com)  
To view Inquirehire Privacy Policy: <http://www.inquirehire.com/misc/privacy.php>

Revised April 28, 2016

**Important Notification: Inquirehire cannot provide legal advice. The information contained herein is sample language only and should not be used without consultation and approval from your own legal counsel.**



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### STAFF/VOLUNTEER CONFIDENTIALTY STATEMENT

It is the policy of the Ottumwa Community School District that all information, records, correspondence, oral and written communication regarding students is confidential.

State and Federal laws prohibit any person associated with the District from disclosing confidential information regarding persons being served to persons who are not employees or agents of the District. Violation of confidentiality laws could be a violation of federal and/or Iowa law for which a fine and/or jail sentence could be imposed. A person who violates this law may be sued for damages.

A reasonable interpretation of these laws is:

Absolutely no information of any sort particular to specific student, or which could identify him/her, may be provided to anyone Who is not an agent, employee, or representative of the Ottumwa Community School District who, because they are directly working with the student or for other reasons, has a need to know such information, without the specific written consent of the parent agreeing to such disclosure.

Therefore, employees/volunteers of the Ottumwa Community School District are bound by these confidentiality laws, as well as confidentiality regarding this district and its employees. Divulging confidential information to unauthorized persons can or may result in termination of employment and/or association with the District.

I, \_\_\_\_\_ (print name), the undersigned, have read this confidentiality statement and I agree to maintain the confidentiality of information as outlined above.

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Signed

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Date

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Witness

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Date