GRAND VALLEY STATE UNIVERSITY
CHARTER SCHOOLS OFFICE

Reappointment Application and Personal Background Check Consent Form

201 Front Avenue SW •Suite 310 • Grand Rapids, MI •49504 •Telephone (616)331-2240 • Fax:(616)331-2085

Academy Name: _____

Reappointment Information Sheet

Name: _____ _____ _____
First Middle Initial Last

Street Address: _____

_____ _____ _____
City State Zip

Home Number: ( )_____ Work Number: ( )_____

Facsimile Number: ( )_____ E-mail Address: _____

Employer: _____

Position/Job Title: _____

Any changes since your last application? Yes ◯ No ◯

If you selected yes, LIST ANY CHANGES FROM YOUR LAST APPLICATION THAT MAY INFLUENCE YOUR APPOINTMENT (*Specifically list all changes to your Education History, Ages of your Children, Conflict of Interest and Ethical Matters. Please continue on a separate sheet if you need extra room).*

_____

_____

_____

_____

Application Verification

I recognize that all information submitted with this application or gathered by Grand Valley State University as a result of this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold Grand Valley State University, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this application process.

I_____ certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature_____ Date_____

Personal Background Check Consent

A criminal records check must be conducted as a condition for appointment as a public official serving on the board of a public school academy authorized by Grand Valley State University. This consent does not authorize nor will Grand Valley State University conduct a consumer credit check.

Information requested on this page will be used to conduct a criminal records check and will not be used to determine qualifications as a proposed public school academy board member. This page will be removed prior to review of the information contained in the application.

1. Name: _____ _____ _____
First Middle Initial Last
2. Maiden Names/Previously Used Names:_____
3. Current address (if different than in the reappointment application):

_____
Street Address City State Zip

4. Former address:_____
Street Address City State Zip
5. Date of Birth: _____ _____ _____
Month Day Year
6. Driver's License Number: _____
7. Gender: ◯ Male ◯ Female
8. Race: ☐ White/Caucasian ☐ Black/African American ☐ Hispanic/Latino(a)
☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other (please specify)

_____

By signing this document I acknowledge receipt of this disclosure and authorize Grand Valley State University to obtain a copy of my criminal records report. I consent to the release of information concerning my criminal record, subject to any restrictions that I have included, to Grand Valley State University, its Charter Schools Office and its legal counsel. I specifically authorize Grand Valley State University to conduct a criminal records check on me with the applicable local, state and federal law enforcement agencies.

I will hold Grand Valley State University, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonable believes is true based upon my representations or resulting from this criminal records check consent process. By my signature I assert and certify that the information provided is, to the best of my knowledge, true and complete.

Signature_____ Date_____