

WINOOSKI SCHOOL DISTRICT

Security Data Information

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____ Suffix (Jr./Sr./III)

Please provide accurate and complete information in response to the following questions. This information will be taken into account the employment process. Do not include in response to any of the questions below: arrests without convictions, convictions or incarcerations for which a record has been sealed or expunged. **Please note that a criminal record will not necessarily disqualify you from employment.**

1. In the last seven years, have you been convicted or pleaded guilty to a crime or other offense? Include military service convictions or guilty pleas. _____YES _____NO

2. Are you currently on parole, probation, work release program, conditional release or serving a weekend sentence as a result of a conviction or guilty plea? _____YES _____NO

If you answered "yes" to any of the above questions, please provide the following information for each situation. If not please go directly to question number 3 below.

- a) The date, place of the offense and charge: _____

 - b) The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea: _____

 - c) If you have been in prison, the name and location of the facility or facilities in which you served your sentence: _____

 - d) Any rehabilitative efforts undertaken while in prison or following release (e.g., education, employment, counseling, etc.): _____

 - e) Any other information that you believe is pertinent to our full understanding of this matter: _____

3. Are you presently under indictment or are you currently a defendant in any criminal proceeding. **If you have answered "yes", please provide the following information:** _____YES _____NO
 - a) The date and place of the occurrence leading to the indictment or pending charge, and the charge: _____

4. Have you ever had a state license suspended or revoked? _____YES _____NO
 - a) In what profession was your license suspended or revoked? _____

Please read carefully before signing below:

You are advised that the Winooski School District will request that a report be prepared to verify the information provided above. Your signature below authorizes the District to obtain these reports. Your signature further reflects your understanding that any misrepresentation or deliberate omission of a fact in this Security Data Information will justify terminating consideration of your application or, if employed, terminating your employment.

Signature of Applicant: _____ Date: _____