



Learning

for

Life

DEARBORN PUBLIC SCHOOLS RELEASE OF INFORMATION

Name: _____
Please Print

Social Security Number: XXX-XX- _____

As an applicant for the position of _____ with the Dearborn Public Schools, I authorize the Dearborn Public Schools to make inquiries of and obtain information from my past employers, schools, persons listed as professional references, and persons who wrote letters of recommendation on my behalf. I authorize current and former employers to disclose any unprofessional conduct and to make available copies of all documents in my personnel record related to unprofessional conduct. I hereby waive and release any and all claims against the Dearborn Public Schools and its employees, agents and board members and against any entity or employee, agent or board member acting on behalf of such entity who provides any such information to the Dearborn Public Schools. Further, I waive written notice of disclosure of records required under Section 6 of the Bullard Plawecki Employee Right to Know Act, MCL 423.506.

My signature on this form certifies that the information I provide as part of my application for this position is truthful. I understand that any offer of employment is contingent upon the information received from my current or former employer(s) being satisfactory to Dearborn Public Schools. If the information is not satisfactory to the school district, the offer of employment may be withdrawn and employment, if commenced, may be terminated at the sole discretion of the Dearborn Public Schools. I further understand that providing false information during the hiring process, whether written or verbal, will result in immediate discharge.

Signature

Date

**RELEASE OF INFORMATION
UNPROFESSIONAL CONDUCT**

CURRENT OR FORMER EMPLOYER

Name of Supervisor: _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Dates Employed:

From: _____

To: _____