

**BACKGROUND CHECK AUTHORIZATION FORM**

WPS has a responsibility to its schools, children and community and reserves the right to require a background check. The information provided on this form will be used to process through the Colorado Bureau of Investigations and, if necessary, a secondary source.

**Applicant Information -Electronic Entry**

Full Legal Name: \_\_\_\_\_ Home Language \_\_\_\_\_  
First Last M.I.  
 Birthdate: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street Apt. / Unit No.  
City State Zip Code  
 Phone No. \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for Request (Required)**

Chartwells Employee Nutrition Services

\*School/Building Assigned to: \_\_\_\_\_

**Volunteer Background Information (Required)**

Have you ever been convicted of a crime?  
 (Excluding only minor traffic violations not involving any allegation of drug or alcohol impairment, you must answer "YES" even if the matter was later dismissed, deferred, vacated or expunged.) YES \_\_\_\_\_ NO \_\_\_\_\_

Were any children involved? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES," please provide a written statement that includes the following:

1. An explanation of the charges and outcomes of the case or cases in question.
2. Any documentation you can provide showing the disposition of the charges/case.

**Disclaimer and Signature Required**

*I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or falsely answered statement made by me on this application or any supplement of it will be sufficient grounds for failure to allow me to work and or volunteer within Westminster Public Schools.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Nutrition Services**

Job position: \_\_\_\_\_ School assigned to work: \_\_\_\_\_

Will the employee be driving district vehicles? Yes \_\_\_ No \_\_\_ If Yes,  
 List assigned vehicle here \_\_\_\_\_ (\*Please attach a  
 copy of the driving record and pre-employment drug test)  
 Needs Infinite Visions Ordering Access? Yes \_\_\_ No \_\_\_ School(s) ordering for: \_\_\_\_\_  
 \_\_\_ Driving Record School assigned to work: \_\_\_\_\_  
 \_\_\_ Pre-employment Drug Test Department Contact: \_\_\_\_\_  
 \_\_\_ Approved by Finance \_\_\_\_\_ Verified by: \_\_\_\_\_  
 \_\_\_ Sent to H.R. \_\_\_\_\_  
 Grant Infinite Visions access \_\_\_\_\_