



Authorization and Waiver for Release of Information Pertaining to Unprofessional Conduct (Public Act 189 of 1996 of the Michigan Revised School Code, MCL 380.1230b)

As an applicant for a position at Genesee Education Consultant Services, Inc., I authorize that my current or former employer or employers or licensing agencies, including the Department of Education and/or other governing agencies, may disclose any act of unprofessional conduct and make available to representatives of Genesee Education Consultant Services, Inc. any and all employment records and, specifically, documents related to unprofessional conduct. Unprofessional conduct is defined in the school code as "one or more acts of misconduct; one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor; or commission of a crime involving a minor."

In addition, I release my current or former employer or employers and their employees acting on their behalf from all liability for providing information described in this authorization. Finally, I waive the rights to receive written notice in accordance with the Bullard-Plawewski Employee Right-to-Know Act from my current or former employer or employers for the disclosure of the information described in this authorization to Genesee Education Consultant Services, Inc.

I understand and agree that if I refuse to sign this Authorization and Waiver for release of information pertaining to unprofessional conduct on my part in my current or former employment, Genesee Education Consultant Services, Inc. is prohibited by law from hiring me.

An offer of employment or continued employment, if I am hired, is conditional subject to the investigation and review of all information I provide during this employment process, the report from the criminal records check and the response to the unprofessional conduct check. I understand the misrepresentation or omission of facts called for is cause for dismissal.

Name of Applicant: _____
Last First Middle

Current Employer or Most Recent Former Employer:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

Position Held: _____

From: _____ To: _____
(month/year) (month/year)

Reason for leaving: _____

Are you currently under contract or have an employment agreement with another school district? Yes or No

If yes, please indicate the school district name: _____

Signature of Applicant: _____

Electronic Signatures. The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement. The parties agree that any electronically signed document (including this Agreement) shall be deemed (i) to be "written" or "in writing," (ii) to have been signed and (iii) to constitute a record established and maintained in the ordinary course of business and an original written record when printed from electronic files.