ISHPEMING SCHOOL DISTRICT NO. 1

INSTRUCTIONS FOR FINGERPRINTING

Fingerprinting is currently conducted at:

Marquette City Police Department (MCPD)
300 West Baraga Avenue
Marquette, MI 49855.
(906) 228-0400

You do not need to schedule an appointment ahead of time. When you report for fingerprinting at the MCPD you will need to bring with you:

- Live Scan Request form (attached – prior to signing, make sure to read all the information provided on the form).
- Picture I.D.
- Payment (District responsibility - Please contact Superintendent Secretary, Connie Bertucci (906-485-5501 Ext. 131) and she will issue a check payable to the Marquette City Police Department for the fingerprinting fee for you to take with you to your appointment.

Once you have been fingerprinted please return the completed Live Scan Fingerprint Request form to the Superintendent's office. Your results will be sent directly to our attention.

REMINDER!

BE SURE TO BRING YOUR LIVE SCAN FORM THAT SHOWS THE DISTRICT IDENTIFICATION NUMBER AND AGENCY NAME WITH YOU TO YOUR APPOINTMENT.

Attachment

ISHPEMING SCHOOL DISTRICT NO. 1

CONDITIONAL EMPLOYMENT/INFORMATION AGREEMENT
(PA68 AND PA83)

Pursuant to Public Act 68 of 1992 and Public Act 83 of 1985, I _____

- ☐ I have not been convicted of, or pled guilty or nolo contendere (no contest) to a criminal offense.
- ☐ I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date, and court).

  a._____

  b._____

  c._____

I understand and agree that pursuant to Public Act 68 of 1993 and Public Act 83 of 1995:

(1) The Board of Education of the school district or governing body of the nonpublic school (the "School) must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police and the Federal Bureau of Investigation (F.B.I.);

(2) Until that report is received and reviewed by the District/School, I am regarded as a conditional employee, and;

(3) If the report received from the Michigan Department of State Police or the F.B.I. is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of the District/School. If such employment contract is voided, I understand that my employment is terminated, a collective bargaining agreement that would otherwise apply to my employment does not apply to the termination, and the District or governing body of the nonpublic school is not liable for the termination.

I hereby authorize such a records check.

_____ _____

Date Signature

RI-030 (03/2011)
MICHIGAN STATE POLICE

LIVESCAN FINGERPRINT REQUEST

Return completed form after fingerprint capture to:
Employer or state licensing authority ***

I. CJIS Information: Type or clearly print answers to all fields.	
1. Date Printed	2. Picture ID Type Presented
3. TCN Number	4. Live Scan Operator
5. Requesting Agency ID 10586M	6. Agency Name ISHPEMING SCHOOL DISTRICT

II. Applicant Information: Type or clearly print answers to all fields.		
1a. First Name	1b. Middle Initial	1c. Last Name
2. Date of Birth	3. Race	4. Sex
5. Address		
6. City	7. State	8. ZIP Code

Fingerprint Reason	
Code:	
SE-MICHIGAN SCHOOL EMPLOYMENT (ADAM WALSH ACT)	$49.25 + LS Fee
CPE-NCPA/VCA (PL 105-243)	$49.25 + LS Fee
CPV-NCPA/VCA/VOLUNEER (PL 105-243)	$45.25 + LS Fee

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

Signature: _____ **Date:** _____

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. ****

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162
COMPLIANCE: Voluntary, however failure to complete this Agreement will result in denial of request.