

BOARD OF DIRECTORS

Mev Hoberg
Sheila Jakubik
Mike Spence
Tim Kinkead
Lynn Smith



SUPERINTENDENT
Dr. Peter Bang-Knudsen

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SIGNATURE RELEASE FORM
Bainbridge Island Administrative Employment

All of the information I have provided in my application material is true, correct, and complete. I authorize the Bainbridge Island School District to investigate my personal, educational, vocational, and employment history. I further authorize any current or former employer, person, firm, corporation, or vocational institution or government agency to provide the Bainbridge Island School District with information they have regarding me. I hereby release and discharge Bainbridge Island School District and those prior employers or other references who provide information from any and all liability as a result of furnishing and receiving this information. This information includes the sources cited above and specific examples as follows: the local State Patrol, information from the Federal Bureau of Investigation of either data on all criminal convictions, or certification that no data on criminal convictions are maintained, information from the offices of the State Superintendent of Public Instruction, and any locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me. I further agree that if I am employed, I will provide verification of my certification, education, and experience. I agree that information provided by an individual shall be confidential and I shall not have access to such information. I agree that if I have made any omission or have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the District, the contract shall be deemed void from its inception.

I also understand and agree that I will be conditionally employed while the District performs a background record check or while the Bainbridge Island School District awaits a final hiring decision by the board of directors as to whether or not I will be employed by the District. I understand that my employment is conditioned on the completion of both the above acts and until such time as they are completed, my employment shall only be as a casual day-to-day employee and will not in any way bind or require the District to continue my employment.

Signature

Date

Name (please print or type)

A photostatic or facsimile copy of this document shall be treated and be effective in the same manner and for all purposes as a signed original.