

BACKGROUND CHECK FOR PROSPECTIVE EMPLOYEES



To provide for the safety of and godly examples to our students, Liberty Christian School requires all employees, to submit to a background investigation at the school's expense. The Criminal Records Section of the Indiana State Police performs the criminal background check. Please complete the "Criminal History Affidavit" below and sign the authorization for the school to perform a criminal background check.

Criminal History Affidavit and Authorization to Conduct a Limited Criminal History Background Check

1. I affirm that I am not now, and have never been,
 - a. Found by any court, including a military tribunal, to be a "sex offender" as defined by Indiana Code 11-8-8-4.5 .
[available for review online at <http://www.in.gov/legislative/ic/2010/title11/ar8/ch8.pdf>]
 - b. Required to register as a sex offender in any state.
 - c. Adjudicated as a juvenile for an act that would be a sex offense, as defined by Indiana Code 11-8-8-4.5, if the act were committed by an adult.

2. I also affirm that I have never been charged with any of the crimes noted above and later had the charge reduced by negotiation to a conviction for an offense not listed in Indiana Code 11-8-8-4.5.

3. Finally, I affirm [check the applicable box]

- that I have no criminal convictions or pending charges; or
- that at least one (1) year has passed after I successfully completed a sentence for a misdemeanor offense; or
- that at least two (2) years have passed after I successfully completed a sentence for a Class D Felony offense; or
- that at least three (3) years have passed after I successfully completed a sentence for a Class A, B or C Felony offense.

_____ (initial here) I give my consent for LCS to initiate a criminal background check with the Indiana State Police.

I affirm, under the penalty for perjury, that the foregoing information is accurate.

(Applicant's Signature)

(Date)

(Applicant's Legal Name, printed)

(Applicant's Date of Birth)

For Office Use Only

_____ Criminal Background Check completed

Keeper of Records' Signature _____ Date _____