



# Dubuque

## COMMUNITY SCHOOLS

---

## NON-EMPLOYEE BACKGROUND CHECK PACKET

---

*On behalf of the more than 10,500 students in the Dubuque Community School District, thank you for the work you do in our schools. We know that working with positive adult role models is a rewarding experience for our students and we are confident that it will be equally as rewarding for you.*

*Because the safety of our students is of the utmost importance, we require background checks of all non-employees involved in school programs.*

**PLEASE COMPLETE THE FOLLOWING SECTIONS WITHIN THIS PACKET:**

**NOTE: all forms must be completed in black ink**

PAGE 3: SECTIONS A, B and C

PAGE 4: SECTIONS A and B

PAGE 5: SECTION 2

PAGE 6: SECTION A, B (if applicable) and C

**Return completed packet to any Dubuque Community School OR the main district office at:**

Dubuque Community School District  
Human Resources Department  
2300 Chaney Road  
Dubuque, Iowa 52001

*If you have questions about whether or not your background check has been completed, please contact the school you applied to volunteer OR the main district office by calling 563/552-3000.*

**Thank you again for your willingness to serve the students of the Dubuque Community School District.**



## NON-EMPLOYEE BACKGROUND CHECK

It is the policy of the Dubuque Community School District Board of Education to make every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, the District requires the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise / chaperone students; or act as a primary authority figure. This packet must be completed and returned to the Human Resource Services office and the background check completed prior to beginning any volunteer experience.

**SECTION A: PLEASE ANSWER ALL QUESTIONS BELOW**

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY (INCLUDE OWI, PUBLIC INTOXICATION, DEFERRED JUDGMENTS, ETC.)? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN:

---

HAVE YOU EVER BEEN CONVICTED, OR HAD AN ADMINISTRATIVE FINDING, OF VIOLATING ANY LAW INVOLVING CHILD ABUSE, SEXUAL ABUSE, PHYSICAL ABUSE, SEXUAL HARASSMENT OR EXPLOITATION, OR ANY OTHER CRIME RELATED TO CHILDREN? [ ] YES [ ] NO

IF YES, PLEASE EXPLAIN:

---

HAVE YOU EVER BEEN THE SUBJECT OF OR LISTED AS THE PERPETRATOR IN A FOUNDED CHILD ABUSE REPORT? [ ] YES [ ] NO

ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER WITH THE SEX OFFENDER REGISTRY? [ ] YES [ ] NO

DO YOU CURRENTLY HAVE CHARGES PENDING OR ARE THERE ANY ONGOING INVESTIGATIONS RELATING TO ANY OF THE AFOREMENTIONED? [ ] YES [ ] NO

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED FOR ANY REASON? (answer to be used in determining volunteer drivers) [ ] YES [ ] NO

*NOTE: A "YES" answer to any of the questions listed above may require an interview with a District or School Administrator.*

**SECTION B: NON-EMPLOYEE INFORMATION**

LEGAL NAME (last, first, middle):

---

MAIDEN / PREVIOUS OR OTHER NAMES USED:

---

|          |       |        |      |
|----------|-------|--------|------|
| ADDRESS: | CITY: | STATE: | ZIP: |
|----------|-------|--------|------|

|            |                |
|------------|----------------|
| DAY PHONE: | EVENING PHONE: |
|------------|----------------|

HAVE YOU WORKED FOR THE DISTRICT IN THE PAST YEAR: [ ] YES [ ] NO

SCHOOL(S) IN WHICH YOU WISH TO MENTOR/VOLUNTEER (if applicable):

---

STUDENT(S) NAME (if applicable):

---

AREA(S) YOU WISH TO VOLUNTEER (mark all that apply): [ ] CLASSROOM [ ] FIELDWORK / CHAPERONE [ ] MENTOR [ ] SCHOOL ACTIVITIES [ ] ATHLETIC EVENTS

DO YOU INTEND TO VOLUNTEER AS A DRIVER? [ ] YES [ ] NO

---

**SECTION C: AGREEMENT**

By signing this form, I agree that should any of the above information change in the future, I shall contact the Dubuque Community School District Human Resource Services office immediately. I understand the falsification of any statement on this application could be cause for dismissal.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE RETURN COMPLETED FORM TO** the Dubuque Community School District Human Resource Services office at 2300 Chaney Road, Dubuque, Iowa 52001 or to any Dubuque Community School. If you have questions, please call 563/552-3000.

**OFFICE USE ONLY**

DISTRICT EMPLOYEE REQUESTING RESULTS:

PHONE EXTENSION:

BUILDING:

---

## AUTHORIZATION TO RELEASE CRIMINAL HISTORY DATA

**SECTION A: NON-EMPLOYEE INFORMATION**LEGAL NAME (last, first, middle):  
\_\_\_\_\_MAIDEN / PREVIOUS OR OTHER NAMES USED:  
\_\_\_\_\_

|          |       |        |      |
|----------|-------|--------|------|
| ADDRESS: | CITY: | STATE: | ZIP: |
|----------|-------|--------|------|

DATE OF BIRTH (mm/dd/yyyy):  
\_\_\_\_\_**SECTION B: AUTHORIZATION**

I hereby authorize any federal, state or local law enforcement agency, including but not limited to the Iowa Department of Public Safety and the Police Department of the City of Dubuque, to release to the Dubuque Community School District all criminal history data concerning myself. The term "criminal history data" as used in this authorization includes all arrest, conviction, disposition and correctional data.

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE**OFFICE USE ONLY** COMPLETED REQUEST FOR REGISTRY INFORMATION - IOWA DEPARTMENT OF PUBLIC SAFETY (SEX OFFENDER REGISTRY ONLINE CHECK)DATE: \_\_\_\_\_  NOT REGISTERED AT THIS DATE AND TIME  REGISTERED - INFORMATION PROVIDED TO REQUESTER COMPLETED REQUEST FOR CRIMINAL BACKGROUND HISTORY (IOWA COURTS ONLINE CHECK)DATE: \_\_\_\_\_  NO ARREST RECORD  TRAFFIC RECORD  YES RECORD (see below or attached)\_\_\_\_\_  
REQUESTER: Philip F. Kramer, Executive Director of Human Resource Services



Iowa Department of Human Services

## Request for Child and Dependent Adult Abuse Information

Persons or agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. **Complete a separate form for each family or individual** and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify your type of request by checking the appropriate box below:

Child abuse request       Dependent adult abuse request       Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

Address       Fax       Email

### Section 1: To be completed by the person or agency requesting the information.

|  |                 |  |                                    |
|--|-----------------|--|------------------------------------|
| Requester: Last<br>Kramer  | First<br>Philip | Agency Name<br>Dubuque Community School District | Telephone Number<br>(563) 552-3005 |
| Address<br>2300 Chaney Rd  |                 |  | Fax Number<br>(563) 552-3006       |
| City<br>Dubuque  | State<br>Iowa   | Zip Code<br>52001                                | Email<br>jpfeiler@dbqschools.org   |
| Relationship to the persons listed in Section 2 or 3:<br>Director of Human Resources   |                 |  |                                    |
| Purpose for request:<br>For the purpose of a volunteer or employment record check.   |                 |  |                                    |
| State the Iowa Code section that allows access to the child or dependent adult abuse information requested:<br>235A.15   |                 |  |                                    |
| I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access. |                 |  |                                    |
| Signature of Requester   |                 |  | Date                               |

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

### Section 2: List the name and address of the person whose record is being checked.

|  |       |        |            |                        |          |
|--|-------|--------|------------|------------------------|----------|
| Last   | First | Middle | Birth Date | Social Security Number |          |
| Address  |       | City   | County     | State                  | Zip Code |
| List maiden name, any previous married names, and any alias: |       |        |            |                        |          |

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

### Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.

|  |       |        |        |            |                   |
|--|-------|--------|--------|------------|-------------------|
| Last   | First | Middle | County | Birth Date | Social Security # |
| Address  |       |        | City   | State      | Zip Code          |
| List maiden name, any previous married names, and any alias: |       |        |        |            |                   |

### Section 4: Registry or designee decision.

This request for information is approved.  
 This request for information is denied because:

|                                   |      |
|-----------------------------------|------|
| Signature of Registry or Designee | Date |
|-----------------------------------|------|

## PRE-NOTIFICATION OF BACKGROUND INQUIRY

I hereby acknowledge that this background inquiry likely will concern itself with any or all of the following: criminal history (if any), civil history (if any), driving record, reference checks, education history, and/or prior work history. I hereby authorize the **Dubuque Community School District**, or its agent, Per Mar Security Services to make any or all of these inquiries.

The **Dubuque Community School District** reserves the right to consider an inquiry of this type to be made at a future date, should you remain in our employ. In any instance when an inquiry of the type is made, now or in the future, the scope, nature, and results of such inquiry will be made available to the applicant upon written request.

I hereby authorize any and all law enforcement agencies to release a copy of any arrest record that I may have to the **Dubuque Community School District**, or its agent, Per Mar Security & Research Corp. By doing so, I release any law enforcement agency and all individuals connected therewith from any and all liability.

A photocopy of this authorization and release shall be considered as effective and valid as the original.

### SECTION A: CHECK ONE BOX

**a**  I have not lived outside the state of Iowa in the last seven years. If you checked this box, skip to the AUTHORIZATION section of this form below.

**b**  I have lived outside the state of Iowa in the past seven years, therefore I hereby authorize the Dubuque Community School District to make the above background inquiry. If you checked this box, please complete the remainder of this form.

### SECTION B: PLEASE COMPLETE THE FOLLOWING IF YOU CHECKED (b) ABOVE

LEGAL NAME (last, first, middle): \_\_\_\_\_

MAIDEN / PREVIOUS OR OTHER NAME(S) USED and DATE OF CHANGE(S): \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

GENDER:  Female  Male

*Please list addresses for the last seven years, starting with the most current:*

|                                     |                 |                  |
|-------------------------------------|-----------------|------------------|
| ADDRESS (street, city, state, zip): | FROM (mm/yyyy): | TO: Present Date |
| ADDRESS (street, city, state, zip): | FROM (mm/yyyy): | TO (mm/yyyy):    |
| ADDRESS (street, city, state, zip): | FROM (mm/yyyy): | TO (mm/yyyy):    |
| ADDRESS (street, city, state, zip): | FROM (mm/yyyy): | TO (mm/yyyy):    |
| ADDRESS (street, city, state, zip): | FROM (mm/yyyy): | TO (mm/yyyy):    |
| ADDRESS (street, city, state, zip): | FROM (mm/yyyy): | TO (mm/yyyy):    |

### SECTION C: AUTHORIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

### Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

### Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

## REQUESTS FOR CORRECTION OR EXPUNGEMENT OF A CHILD OR DEPENDENT ADULT ABUSE REPORT

**To request an administrative appeal hearing of a child or dependent adult abuse report**, please submit a request in writing to: Department of Human Services, Appeals Section, 5th Fl, 1305 E Walnut St, Des Moines, Iowa 50319-0114. You will be notified in writing acknowledging receipt of your request; time, date, and place of your hearing; and any decisions regarding your request. If you disagree with this decision, the written notice will explain how you may request an administrative hearing about the report and its conclusions per Iowa Code sections 235A.19 or 235B.10.

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.



- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:**

| <b>TYPE OF BUSINESS:</b>   | <b>CONTACT:</b>  |
|--|--|
| <p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>   | <p>a. Consumer Financial Protection Bureau<br/>1700 G Street NW<br/>Washington, DC 20552</p> <p>b. Federal Trade Commission:<br/>Consumer Response Center – FCRA<br/>Washington, DC 20580<br/>(877) 382-4357</p>   |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center<br/>PO Box 1200<br/>Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center<br/>1100 Walnut St., Box #11<br/>Kansas City, MO 64106</p> <p>d. National Credit Union Administration<br/>Office of Consumer Protection (OCP)<br/>Division of Consumer Compliance and Outreach (DCCO)<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>   | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/>Aviation Consumer Protection Division<br/>Department of Transportation<br/>1200 New Jersey Avenue, S.E.<br/>Washington, DC 20590</p>   |
| <p>4. Creditors Subject to Surface Transportation Board</p>  | <p>Office of Proceedings, Surface Transportation Board<br/>Department of Transportation<br/>395 E Street, S.W.<br/>Washington, DC 20423</p>  |
| <p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>  | <p>Nearest Packers and Stockyards Administration area Supervisor</p>   |
| <p>6. Small Business Investment Companies</p>  | <p>Associate Deputy Administrator for Capital Access<br/>United States Small Business Administration<br/>409 Third Street, SW, 8<sup>th</sup> Floor<br/>Washington, DC 20416</p>   |
| <p>7. Brokers and Dealers</p>  | <p>Securities and Exchange Commission<br/>100 F Street, N.E.<br/>Washington, DC 20549</p>  |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</p>   | <p>Farm Credit Administration<br/>1501 Farm Credit Drive<br/>McLean, VA 22102-5090</p>   |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>   | <p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission:<br/>Consumer Response Center - FCRA<br/>Washington, DC 20580<br/>(877) 382-4357</p>  |