# Authorization, Release, and Waiver

Release of liability related thereto and employment history check

**PA 189 FORM**

To provide to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School within the Diocese of Lansing any information regarding my employment history and, in addition, to disclose any other information which is job related, including all items within my personnel file and pursuant to Public Act 189 of the Public Acts of 1996 begin section 380.1230b of Michigan Compiled Laws, authorized any current or former employer(s) to disclose any unprofessional conduct as defined in the Public Act which reads:

“Unprofessional conduct” means 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. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct.

I acknowledge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School’s right to investigate any and all references and secure additional information regarding my employment history, including any and all disciplinary action and/or the events surrounding the termination of employment.

Pursuant to Public Act 189 of 1996, I waive my right of prior notice under the Bullward-Plawecki Employee Right to Know Act, and I hereby release my current and former employer, and employees acting on behalf of my current and former employer, from any liability for providing information regarding connection with this employment history verification.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To meet the requirements of PA 189, this form must be returned to our office. Please return this form with your background check release form. If you have any questions or concerns, please contact our office at: (XXX) XXX-XXXX.

Please complete this section providing us with the name and complete address of a present or immediate past employer.

Name of Company/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by current/previous employer:**

Public Act 189 of 1996 requires you to provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School copies of any and all information relating to unprofessional conduct contained within the above named person’s personnel file within 10 days of the receipt of request. The Act provides that, “an employer or an employee acting on behalf of the employer that discloses information under the section in good faith is immune from civil liability for the disclosure.” Please return copies of all such documents along with a signed copy of this request. If no documentation of unprofessional conduct is contained within the personnel file, please note it at the bottom of this form. Maintain one copy for your records.

\_\_\_\_\_\_\_\_ I certify that no documentation of unprofessional conduct exists within the above named person’s file.

\_\_\_\_\_\_\_\_ I have enclosed items relating to unprofessional conduct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Employer Representative Signature Printed Name Title Date

**Mail to: School Name**

**Address**

**Fax**