

ROSEVILLE COMMUNITY SCHOOLS

18975 Church Street
Roseville, Michigan

CURRENT EMPLOYEE

Subsequent Conviction Disclosure Form

(Please Print)

Employee Name _____ Date of Birth _____

Position _____

Location _____

In Accordance with the revised school code section of 380.1230b, I represent that:

___ **This serves as disclosure of subsequent convictions** (after initial fingerprinting) for which I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following, and I understand that failure to disclose any subsequent convictions is considered to be a crime:

list criminal offense, date, court, city/state, and circumstances surrounding the conviction

☐ Felony ☐ Misdemeanor

In signing this form, I understand and agree that if I have been convicted of a listed offense, my employment shall be terminated. I also understand that if I have been convicted of a felony, other than a listed offense, the superintendent, or chief administrator and the school board must each approve, in writing, my employment or work assignment.

Signature

Date

Submit to:

Assistant Superintendent
Personnel Office
Roseville Community Schools
18975 Church Street
Roseville, MI 48066

And:

Director of Office of Professional
Preparation Services
Michigan Department of Education
608 West Allegan St.
P.O. Box 3008
Lansing, MI 48909