



**CONFIDENTIALITY AGREEMENT
(FOR EMPLOYEES WITH ACCESS TO INFORMATION ON BACKGROUND CHECKS)**

Name
Classification/Job Title
Department or Agency
Division
Bureau

Are you qualified to collect or review background check information? Initial below all that apply.

I have the appropriate background and experience to collect or review background check information.

OR

I have been trained on collecting or reviewing background check information.

Note: The training or experience will include review of the policies and procedures set forth in Chapter 246 of the *Wisconsin Human Resources Handbook* and the agency background check procedures, along with any other laws (e.g., Caregiver Law, etc.) that are pertinent to the agency.

I understand that in the course of conducting a criminal background check, I may have access to information including, but not limited to, the results obtained from the criminal background check.

I understand that the information listed above, as well as other information to which I have access, is special or confidential information that could either improve or injure the prospects or chances of persons in the recruitment process. I agree to keep this information confidential and not to copy the materials, discuss them with anyone not specifically authorized by the Human Resources Specialist, Manager, or Representative, or allow any unauthorized person access to them. Failure to keep the information confidential may constitute insubordination and/or may result in a violation of a work rule, both of which could lead to discipline up to and including termination.

By signing below, I acknowledge that failure to adhere to the requirements set forth in this statement would be a violation both to the public trust and as a condition of my continued employment with the State of Wisconsin. I also acknowledge that I have the appropriate background and experience or have been trained to collect or review background check information.

Signature	Date
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