



WISCONSIN STATE FAIR PARK CONFIDENTIALITY AGREEMENT

(For employees with access to background check information)

INSTRUCTIONS: This form is required to be completed by any employee who has access to confidential background check information and will be secured within the Human Resources Department.

EMPLOYEE INFORMATION	
NAME – Last, First, Middle	POSITION TITLE
DEPARTMENT	

SAMPLE

Certification: By my signature below, 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 Department 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 of the public trust and as a condition of my continued employment with the State of Wisconsin.

<u>SIGNATURE</u>	<u>DATE SIGNED</u>
-------------------------	---------------------------