

WILKINSON COUNTY SCHOOL DISTRICT

Permission For Background Check

NAME _____ DATE _____
 LAST FIRST MIDDLE

ADDRESS _____
 P.O. Box or Street City State Zip Code

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

TELEPHONE NUMBER (Home) _____ (Work) _____

I give my permission for the Wilkinson County School District to conduct a background screening check with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application.

POSITION (check all that applies):

- | | |
|-------------------------------|-----------------------------|
| _____ Central Office | _____ Teacher |
| _____ Administrator | _____ Assistant Teacher |
| _____ High School Principal | _____ Day Care Worker |
| _____ Middle School Principal | _____ Bus Driver |
| _____ Elementary Principal | _____ Cafeteria Worker |
| _____ Director | _____ Business Staff Worker |
| _____ Supervisor | _____ Custodial Worker |
| _____ Counselor | _____ Secretary |
| _____ Librarian | _____ Substitute Teacher |
| | _____ Other (specify) _____ |

I certify that the above information is true and correct.

Signature _____

The cost of the background check is \$32.00.