



LAKE WALES
CHARTER SCHOOLS

_____ Fingerprint Only
_____ Drug Test Only

Background Screening Authorization Form

Employee's Name _____
Last First Middle

Employee's Mailing Address _____
Street Address or P.O. Box Number
City State Zip Code

Home Telephone Number _(____)_____ Work Location _____

This request authorizes the District School Board of Polk County to conduct a Level II background screening for the potential employee whose name is listed above and to invoice the Lake Wales Charter Schools for the total cost for this service.

ADDITIONAL INFORMATION REQUIREMENT

This is to verify that I have received a job offer from the lake Wales Charter Schools for a _____ position

Located at _____ site/school.
(School or site location)

Employee's Signature Date

Social Security Number ID No. Cost Center Location No.

Printed Name of Authorized Personnel Approving Authority's Signature

Approval Date

- Copies: Personnel (Original)
- Principal/School Secretary (Retain Copy)
- Employee (Retain Copy)