

BACKGROUND CHECK AUTHORIZATION

I have applied for employment with the Amite County School District. I understand that in order for the School District to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation if I am considered for an offer of employment. This investigation will include fingerprinting, checks with the Child Abuse Central Registry, criminal records background check, and asking my current and previous employer, other entities and educational institutions I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information. I, hereby, give consent for any employer, educational institution, organizations, agencies such as the Department of Human Services, State Law Enforcement, or any other entity to release any information requested in connection with this background investigation.

Please Print or Type:

Name: _____
Last
First
Middle

Other Name(s) Used: _____
Maiden, Nicknames, Alias, Etc.

Address: _____

Place of Birth: City _____ County _____ State _____

Date of Birth _____ Telephone: (Hm) _____ (Wk) _____

Social Security # _____ Driver's License # _____

Whether or not I have waived my right to see or to receive copies of written references furnished to the Amite County School District by employers, educational institutions, or other entities, I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution and any officer or employee of either, that furnishes written or oral references requested by the Amite County School District to complete its background investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be valid as an original.

 Signature of Applicant

 Date

DO NOT WRITE BELOW THIS LINE

If considered for employment, I verify this applicant has been fingerprinted.

 Signature of School District Personnel
 Responsible for the Fingerprint Process

 Date