

UNION COUNTY PUBLIC SCHOOLS - HUMAN RESOURCES DIVISION

Fax: 704-289-9154

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the Union County Board of Education to perform a criminal records check in connection with my employment in the Union County Public School System. I further understand that if I am hired by the Union County Public School System, on-going criminal background checks may be made and, by this release, I authorize that on-going review of my criminal history.

(PLEASE PRINT OR TYPE)

Legal Name:

Last
(Same Name as Social Security Name)

First

Middle

Maiden

Social Security Number

Date of Birth

Sex

Address

City

State, Zip

<i>Race: (Please check all that apply)</i>
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian American
<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> White American

Please list any other names (or aliases) under which you have been known:

Please include a copy of your Driver's License and a copy of your Social Security Card. Make sure all numbers are legible on both forms. I understand that my employment with Union County Public Schools is contingent upon an acceptable criminal records check and the approval of the Union County Board of Education.

Applicant's/Employee's Signature

Date

*****IMPORTANT*****

Please list below the International City/Country including physical address, and U.S. City/County/State in which you have lived or worked within the last seven (7) years, starting with most recent year:

From: _____ To: _____ City: _____ County: _____ State/Country: _____

From: _____ To: _____ City: _____ County: _____ State/Country: _____

From: _____ To: _____ City: _____ County: _____ State/Country: _____

From: _____ To: _____ City: _____ County: _____ State/Country: _____

I have lived in Georgia (GA Authority for Release of Information must be completed)

School / Location _____

Job Assignment / Position _____ Full Time (FT) Part Time (PT) _____

DATE OF EMPLOYMENT _____

Complete this additional form only if you have ever lived in the State of Georgia.

Employment Background Authorization & Release

I hereby authorize Background Investigation Bureau, Inc. to obtain any and all information that pertains to my eligibility for employment. This information will include but is not limited to, arrest and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification and social security number verification. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at *any time* during my employment or contract.

Please Print All Information Clearly

Personal Information (List all names used)

Last	First	Middle
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Current Street Address _____	City _____	State _____
Zip _____	SSN _____	Date of Birth _____
Gender _____	Race _____	
Drivers License Number _____	State Issued _____	Expires _____

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against Background Investigation Bureau, Inc. or its acting agents. A photo or fax copy of this release form will be valid as an original therefore, even though said copy does not contain an original writing of my signature.

Signature _____ **Date:** _____

Employment Background Authorization & Release

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "Report") may be procured at any time during my candidacy for employment and/or during my employment, contract or volunteer work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Company policy, information may be obtained from public and private sources and may include information related to: social security number verification, criminal records, credit history, driver/motor vehicle records, employment, education, credentials and personal references. I also understand that the information I provide regarding my sex, race and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

Personal Information *(List all names used)*

Last	First	Middle
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Home Address _____	City _____	State _____ Zip _____
SSN _____	Date of Birth _____	Sex _____ Race _____
Drivers License Number _____	State Issued _____	Expires _____

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and Company from any liability arising out of the request or release of the information contained in the Report. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature _____ Date: _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified below directly.

California, Minnesota and Oklahoma applicants or employees only:
I understand that under State law, I have the right to receive a copy of the Report at no charge to me.
 Yes, I wish to receive a copy of the Report (check box).

Report processed by:
Background Investigation Bureau, Inc.
9710 Northcross Center Court
Huntersville, North Carolina 28078
Toll Free: (877) 439-3900

Personal & Confidential Information