

ST. JOHN PAUL II CATHOLIC SCHOOL AUTHORIZATION

In connection with my application, I have been advised and I hereby consent and authorize St. John Paul II Catholic School and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. By signing below, I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract). I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

I have a right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on me at the time of my request.

I hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish First Advantage with any and all background information in their possession regarding me, in order that my employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

Print your Name: Last _____ First _____
Middle _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Social Security Number: _____ - _____ - _____

Driver's License State: _____ **License Number:** _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ **Race:** _____ **Gender (M or F):** _____

Other or Former Names: _____

Professional License: _____ **State:** _____ **Type:** _____ **Number:** _____

Signature: _____ **Date:** _____