



Background Check Authorization Form

Position Applying for: _____

Legal Name: _____
Last First Middle

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) Number Street

City: _____ State: _____ Zip: _____

Previous Address Since: _____
(Mo/Yr) Number Street

City: _____ State: _____ Zip: _____

Name as it appears on Driver's License: _____

Driver's License Number/State Issuing License: _____

Date of Birth: _____ Female: Male: Social Security Number: _____

White: Black/African American: Hispanic/Latino: Asian: Two or More Races (Not Hispanic or Latino): American Indian/Alaskan Native: Native Hawaiian/Pacific Islander:

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will 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 and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, and references.

2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Ursuline Academy of Dallas or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability.

Applicant's Signature: _____ Date: _____