

Holdenville Public Schools

Consumer Authorization and Release

PLEASE COMPLETE AND PRINT

Requested by Holdenville Public Schools - 405-379-4382

In connection with Holdenville Public Schools considering me for employment, continued employment, promotion or reassignment, I authorize Holdenville Public Schols and or its agent, ACCUFAX Div, Southwest Inc., to obtain a consumer report, criminal background check report, motor vehicle records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. When requested by an employer motor vehicles records or a driving history may be obtained. American Driving Records will provide motor vehicle records.

I authorize, without reservation, any person or entity contacted by Holdenville Public Schools, or its agent, ACCUFAX Div., Southwest Inc., to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information I further release Holdenville Public Schools, its affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization or made during the employment process will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

LEGAL NAME: _____ DATE OF BIRTH _____ SS NUMBER _____

List Other Names Used:

CURRENT ADDRESS : _____

Driver License #: _____ State Issued: _____

City: _____ State: _____ County: _____

Zip Code: _____ How Long at this address: _____

PREVIOUS ADDRESS: _____

City: _____ State: _____ County: _____

Zip Code: _____ How Long at this address: _____

PREVIOUS ADDRESS: _____

City: _____ State: _____ County: _____

Zip Code: _____ How Long at this address: _____

List all cities and states resided in since age eighteen, and how long in each.

EMPLOYMENT HISTORY

Please Check Appropriate Box:

Holdenville Public Schools May Contact My Current Employer.

Holdenville Public Schools May Not Contact My Current Employer.

Employer: _____ City: _____ State: _____

Phone: _____ FROM Date: _____ TO Date: _____

Employer: _____ City: _____ State: _____

Phone: _____ FROM Date: _____ TO Date: _____

EDUCATION: List the Most Recent School or University Attended.

List Last Name if Different While in School:

School or University: _____ City: _____ State: _____

Phone: _____ FROM Date: _____ TO Date: _____

Years Attended: _____ Last Year Completed: One Two Three Four

Degree(s) Earned

SIGNATURE: _____

NOTE: Date of Birth or Age will be used solely for the purpose of identification in doing background checks and will not be used for any other purpose.

In connection with Holdenville Public Schools considering you for employment, continued employment or promotion reassignment, Holdenville Public Schools may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

NAME: Please Print _____ Date: _____

SIGNATURE