

Position Title: _____
School Program: _____
School: _____

ACS EMPLOYEE BACKGROUND INFORMATION RELEASE

In connection with my application for employment, I understand that investigative reports which may contain public record information, may be requested or made on me including, criminal records, driving record, education, prior employer verification and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. 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.

In addition, I understand that, once employed, a criminal records check may be conducted from time to time for employment purposes for annually rehired and current employees (including volunteers and substitutes) on an individual, random or rotating basis pursuant to Board Policy 7100, as well as on independent contractors and volunteers.

I hereby authorize without reservation, any party or agency contacted to furnish the above-mentioned information. I also hereby authorize Asheville City Schools to procure a criminal record check from time to time for employment purposes and I agree to provide to Asheville City Schools any other information required in connection with procuring such records.

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

First name: _____ Middle: _____ Last: _____

Social Security#: _____ - _____ - _____ Driver's License: State _____ Number: _____

Gender: _____ Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____

OTHER NAMES: MAIDEN; ALIAS: _____

Phone Number _____ E-Mail _____

HAVE YOU EVER RESIDED IN ANOTHER STATE YES NO

LIST CURRENT ADDRESS

Street City State Zip

PLEASE SIGN BELOW AS YOUR BACKGROUND CHECK CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

Signature _____ Date: _____