

## ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK EMPLOYMENT / NON-EMPLOYMENT / VOLUNTEER ACTIVITIES

To process your application with Glenwood City School District, an investigative consumer report (background check) may be conducted by Verified Credentials, 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934 [www.verifiedcredentials.com](http://www.verifiedcredentials.com) solely for employment/non-employment/volunteer activities with the School District of Glenwood City. In accordance with the U.S. Fair Credit Reporting Act 606. Glenwood City School District may obtain information about you from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records, verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. The scope of this disclosure is all-encompassing, however, allowing the company to obtain from any outside organization all manner of consumer reports throughout the course of your employment/volunteer to the extent permitted by law.

**AUTHORIZATION – TO PREPARE INVESTIGATIVE CONSUMER REPORT: BY COMPLETEING AND SIGNING THIS DISCLOSURE, I AUTHORIZE THE APPROPRIATE INDIVIDUALS, COMPANIES, INSTITUTIONS OR AGENCIES TO RELEASE INFORMATION REQUESTED FOR THE PREPARATION OF AN INVESTIGATIVE CONSUMER REPORT ON ME AND TO RESPOND TO ALL INQUIRIES NECESSARY FOR THE SAME. I HAVE READ AND COMPLY WITH THE FAIR CREDIT REPORT ACT.**

What is the purpose for completing this background check? \_\_\_\_\_ Start Date: \_\_\_\_\_  
If currently employed, may we contact your employer? **Yes / No** I request a copy of the report: **Yes / No**

**BASIC INFORMATION – All fields need to be completed**

First Name	Middle Name	Current Last Name	Maiden or previous name(s)
Social Security Number	Date of Birth	Email Address	
Phone number	Gender	Race	

**DRIVERS LICENSE INFORMATION – All fields need to be completed**

Driver's License Number	Issuing State	Issue Date	Expiration Date
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**CURRENT ADDRESS INFORMATION – All fields need to be completed**

Address	City	State	Zip
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PLEASE LIST ANY ADDITIONAL ADDRESSES YOU HAVE LIVED DURING THE PAST 7 YEARS:

Address	City	State	Zip
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Address	City	State	Zip
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Address	City	State	Zip
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*PLEASE LIST ON THE BACK SIDE OF THE THIS FORM ANY OFFENSIVES YOU MAY HAVE ON YOUR RECORD.* IF ANY INFORMATION PROVES TO BE INCORRECT, INCOMPLETE, OR ACTIVITY IS REPORTED, I UNDERSTAND THAT IT IS GROUNDS FOR CANCELING ANY OFFERS OF EMPLOYMENT OR TERMINATING EMPLOYMENT AND MAY BE USED AT THE DISCRETION OF THE GLENWOOD CITY SCHOOL DISTRICT IN DECIDING MY EMPLOYMENT. I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE SCHOOL DISTRICT OF GLENWOOD CITY, AND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT. I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE.

Signature	Social Security Number	Date
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OFFICE USE ONLY - DATE SUBMITTED \_\_\_\_\_ INITIALS: \_\_\_\_\_