Authorization to Permit Background Check
Authorization to Release Records
Volunteer

I understand and agree that the information supplied was submitted by me and all information is true and correct to the best of my knowledge. I understand that false or misleading information given in my application and/or interviews will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of Carl Junction R-1 School District. The District has my authorization to thoroughly investigate my work and personal history. I understand the information supplied by me will be utilized as part of the processing procedure. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information about my character, general reputation, person characteristics, and mode of living. I will hold no persons liable for giving or receiving information in this investigation.

I hereby authorize Atlas Risk Management, LLC, an agent of Carl Junction R-1 School District, to make a thorough check of my past employment, credit, education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify Carl Junction R-1 School District and Atlas Risk Management, LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

The following information is required by law enforcement and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Legal Name: _____
First Middle Last

Maiden/Previous name(s)/Nicknames/Aliases: _____

Social Security #: _____ Date of Birth: _____

Current Address: _____
How Long? _____

Current Employer: _____ Address: _____
How Long? _____

Signature: _____ Date: _____

<u>Please attach a copy of your Driver's License.</u>

Background checks provided by: Atlas Risk Management, LLC,