

DELANO PUBLIC SCHOOLS #879
BACKGROUND INVESTIGATION AUTHORIZATION FORM
(PLEASE READ CAREFULLY BEFORE SIGNING)

The amended Fair Credit Reporting Act (1997) requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, general reputation, personal characteristics and mode of living. The main objective of the investigation is to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided. In addition, if a report is made, you have the right to request details of the report from the consumer reporting agency.

The items of information requested below are needed to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: _____/_____/_____ (Month, Day, Year)

Driver's License # _____ State _____

Social Security # _____/_____/_____

Other Names Used & Date Changed _____
(Including Maiden Name)

Resident Addresses For The Past 7 Years:

Street Address	City	State	Zip Code	County	From Mo./Yr.	To Mo./Yr.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you ever been charged with or convicted of a Felony or Misdemeanor crime? Yes ___ No ___

If Yes, Please Explain. _____
What State, what county, what year? _____

I authorize Delano Public Schools and/or Orange Tree Employment Screening and their agents to investigate my background as it pertains to employment considerations. This may include investigations of employment history and performance, personal/professional references, educational history, licenses and information contained in public records including credit, criminal, motor vehicle data and worker's compensation. I release all persons, companies or corporations furnishing such information from liability and responsibility. A Photostat copy of this document may be substituted for the original.

Printed Full Name of Applicant _____

Signature Of Potential Employee _____ Date _____/_____/_____
(MN/CA Residents Only): Do you wish to receive a copy of your consumer report? Yes ___ No ___