

Blanchet Catholic School 4373 Market Street NE Salem, OR 97301 EMPLOYEE BACKGROUND CHECK REQUEST

Print legibly and in	ı black or blue ink.	Position applying	g for:	
Applicant Name:	First	Middle	Last	
Applicant Address				
City:	State:	Zip:	Phone:	
Email:				
Other names used a	and dates of name change	es (include maiden name	e):	
Birthdate:	// Date Yea	Social Sect	urity #://	
Driver's License #:		State Issue	ed:	
-	0		ease list the following information, incl de of this form if more room is needed.	0
State	City	County	Years: to	
State	City	County	Years: to	
State	City	County	Years: to	
2	n convicted of a criminal of place, and date of convic		No	
Have you ever been charged with a criminal offense involving children? Yes No If yes, give details:				

All employment offers are contingent on the satisfactory results of the applicant's background investigation.

My signature below certifies that all information I have provided in connection with this background investigation is true, accurate and complete to the best of my knowledge and that I have read, understand, and consent to the attached authorization.

Applicant's Signature

AUTHORIZATION

I understand that, in connection with my employment application, a background check may be done that may include information regarding my driving records, court records (both civil and criminal), educational and professional credentials, and personal and professional references. This information may come from either public or private sources and may contain information regarding my character, experience, work habits, and/or reasons for termination from past employers.

I understand that if I am employed by Blanchet Catholic School, this background check authorization will be kept on file and may be used at any time during my employment to procure further information when, in the judgment of my employer, such may be necessary.

I hereby release and discharge Blanchet Catholic School, its employees, any individual or agency obtaining information for Blanchet Catholic School, my personal and professional references, and my former employers to the full extent permitted by law, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

According to the Fair Credit Reporting Act, I am entitled to know if an adverse employment decision is made based on information obtained from a consumer report or investigative report and to receive, upon written request (made within 60 days of the date of decision), a disclosure of the nature and scope of any investigative report.

I have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future.

Applicant's Signature

Date