

Check which applies:

- Coach
- Employment
- Intern
- Substitute
- Volunteer at _____ School

**CRIMINAL RECORDS and BACKGROUND RELEASE
AUTHORIZATION and DISCLOSURE
For employment and/or volunteer work**

I, _____
 FIRST NAME MIDDLE NAME LAST NAME (Please Include Jr., Sr., II, III, etc.)

understand that **Yadkin County Schools** will seek and obtain consumer reports/investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, whichever are applicable, but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, work habits, work performance, professional and personal references, personal characteristics, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, license verification, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment, contract work, volunteer or chaperone work. I hereby authorize, without any reservation, the full release of these records and information for **Yadkin County Schools** and/or its designated agents or representatives to conduct the searches and investigations. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

If I am hired, volunteer or chaperone, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment and/or volunteer work. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment and/or volunteer work at any time. In addition, I hereby release **Yadkin County Schools**, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization. Upon request, **Yadkin County Schools** will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: **Yadkin County Schools, 121 Washington Street, Yadkinville, NC 27055** or by contacting us at **336-679-2051**

The law enforcement agencies and other entities, for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for other purposes.

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (Month/Day/Year)	PLEASE CHECK ONE	RACE
		MALE OR FEMALE	

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Alias/Maiden/Previous Name(s) Use the back of this form if more spaced is needed

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

APPLICANT SIGNATURE: _____ DATE: _____