

****For Office Use ONLY****	Fax Release to: 704-872-2553 ATTN: Alisha Johnson	
Iredell-Statesville Schools Coaches	COMPLETED:	ATHLETIC DIRECTOR
<input type="checkbox"/> SSN Scan _____ <input type="checkbox"/> Alias _____ <input type="checkbox"/> NC _____ <input type="checkbox"/> OOS _____ Special instruction needed _____	<u>Searches Performed</u> Statewide Searches: _____ County Searches: _____ _____ _____	*** This section is to be completed by Principal/Administrator/AD *** School _____ Sport _____ Please check one below: Paid _____ Non Paid _____
Comments/Approval:		

BACKGROUND CHECK RELEASE INFORMATION

In consideration of my application, I authorize Iredell-Statesville Schools by and through North Carolina Administration of the Clerk of Courts and/or by and through a selected agency or source to verify all data given by me on application, related papers or oral interviews. I understand a thorough investigation may be conducted which may include, but not be limited to criminal history, motor vehicle driving record, education verification, employment history, credit report and personal history. I hereby authorize employers, agencies, personal references and other persons whom I am acquainted to answer all questions and release all information concerning my employment record, character, reputation, ability, education, military service, credit history and other applicable reports. Furthermore, I release all agencies, bureaus, employers, information service organizations, individuals or companies named above from all liabilities of damages that might result from information provided in good faith. I state that the information provided by me on my application is accurate and I agree that if any information therein is found to be false at any time, my application may be discarded and/or my employment may be terminated. I understand that the information requested below regarding sex, race and date of birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law. If I am hired, this release authorization shall remain in effect for the duration of my employment. A facsimile (Fax) or photocopy of this authorization shall be as valid as the original.

Applicant's Full name (Please Print)

Social Security Number

Maiden or other names used

Date of Birth Race Sex

Current Address (street)

Driver License Number/ State issued

City State Zip

Applicant's Signature Date

Applicant's Phone Number

List previous address(es), other than that above, for the past seven years:
