

Little Falls Community Schools CREATING OUR FUTURE... ONE STUDENT AT A TIME.

Little Falls Community Schools | 1001 5th Avenue Southeast | Little Falls, MN 56345 Phone: 320-616-2200 | Fax: 320-616-2210

BACKGROUND INVESTIGATION AUTHORIZATION FORM

(Please read carefully before signing)

The Fair Credit Reporting Act 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, employment history, general reputation, personal characteristics, police record, education, qualification, motor vehicle record, mode of living and/or credit indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract or volunteer) with the district. Upon timely written request to our Human Resources department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

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

Printed FULL Name	of Applicant			
	First	Middle	Last	
Social Security #:		Date of Birth:		
Email address:		Marital Status:		
Address:			·	
City:		State:	Zip:	
Gender:			Ethnicity:	
Primary phone #:		Ethnicity: Alternate phone #:		
Pasidanca Addressa	s for the past 7 years: (attach add	itional sheets if necessary	()	
Nesiderice Addresse	s for the past 7 years. (attach addi	uonai siieeis ii riecessary	From	To
Street Address	City, State & Zip Code	County	Mo/Yr	Mo/Yr
	charged with or convicted of a Miso e detail, including what city and sta			es □ No
background as it pert history, licenses and data and workers cor information from liabi types of reports ment	ttle Falls Community Schools and the sains to employment history and perinformation contained in public recompensation. I hereby release all perint and responsibility in connection tioned herein at any time during my	rformance, personal and pords, including, but not line ersons, companies and ot a herewith. I further autho	professional references, nited to credit, criminal, her entities furnishing st rize ongoing procureme	education motor vehicle uch nt of the
this document may b	e substituted for the original.			
	e pre-employment consumer repor ess is:		□ Ye	es 🗆 No
Signature of Applicar	nt		Date	