

SLED Check Authorization



Please complete the following information and return this form with your application. The Human Resources Office will conduct a criminal record history check.

(Please Print Clearly)

Full Name: _____
Last First Middle Maiden

Date of Birth: _____

SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email address: _____

Position(s) applied for: _____

I understand that my employment is conditional upon the Anderson I & II Career and Technology Center's receipt of a satisfactory criminal history record. I authorize the Center to obtain my criminal history record.

Signature of Applicant: _____ Date: _____