



Background Check Authorization Form

In connection with my application, I have been advised and I hereby consent and authorize St John Paul II Catholic School and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. By signing below, I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract). I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

I have a right to make a request of Fastrax, upon proper identification and the payment of any legally permissible fees, for the information in its files on me at the time of my request.

I hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish Fastrax with any and all background information in their possession regarding me, in order that my employment qualifications may be evaluated.

For California, Minnesota, or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

(PLEASE PRINT THE FOLLOWING INFORMATION LEGIBLY)

PRINT NAME _____
Last Name First Name Middle Name Social Security Number _____

PREVIOUS OR MAIDEN NAME (if applicable) _____ DATE OF BIRTH ____/____/____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____ GENDER: Male ☐ Female ☐

PHONE NUMBER _____ EMAIL ADDRESS _____

Signature _____ Date _____

Please note: Information in this section is only used to obtain criminal records, which are reviewed by a St. John Paul II School official in strictest confidence.

(circle one)
Do you have a criminal history? Y / N

If yes, have you ever been convicted of a crime whether felony or misdemeanor, received deferred adjudication, or plead nolo contendere?
(do not include minor traffic violations)

If yes, please explain _____

