Classical School of Wichita

Background Check Consent

I, _____, upon being fully notified by this writing, hereby authorize Classical School of Wichita and/or its agents to make an independent investigation of my background, references provided, character, past employment, education, credit history, criminal, or police records, including those maintained by both public and private organizations and all public records. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that any information received will be used for the purpose of confirming the information contained on my Application and/or in my resume, and/or for obtaining other information, which may be material to my qualifications for employment with Classical School of Wichita.

In executing this consent form, I acknowledge that I am fully aware of any and all legal rights that I may have concerning this background check and the provision of access to my private information. I freely and without reservation provide the consent described herein. I further acknowledge that my employment with Classical School of Wichita is conditional upon and subject to the information provided in this authorized background check.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby release Classical School of Wichita, each of its officers, its board of directors, employees and/or its agent and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits and alleged damages or other injuries in regards or in any way related to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

_____ _____
Full name (printed) Maiden name or other names used

_____
Present Street Address City, State Zip
How long? _____

_____
Prior Street Address City, State Zip
How long? _____

_____/_____/_____ _____-_____-_____ _____ ____/____/_____
Social Security # Driver's License # State Date of Birth

_____ _____/_____/_____
Signature Date