

Authorization and Waiver

I, the undersigned, _____, having made application for employment with the Hopkins County Board of Education, hereby authorize any and all, of such agents or designees as they from time-to-time appoint, to make such inquires and to do such investigation as may be deemed necessary or appropriate to verify information given by me concerning my present or past employment, education, and character.

I agree that in giving this authorization and release I shall indemnify and hold harmless each and every person, firm, organization, or agency furnishing information about me.

I specifically authorize and direct any and all departments or agencies of government, whether federal, state, or local, including any and all law enforcement agencies, to accept this, or a photostatic reproduction hereof, as my authorization to release information to its agent or designee, information concerning me, including, but not limited to, records of any arrest or detention, military personnel records, records of licenser or registration and any and all applications, background reports, or regulatory files kept or received in connection with such licensure or registrations, or any other information pertaining to me as though such information were being released to me.

The applicant waives any claim which he or she may have against the Hopkins County Board of Education, their agents and employees in the use, communication, transfer and transmittal of any and all reports obtained pursuant to this authorization and waiver. I release each and every department or agency which may be requested to, or which does furnish information about me, from any requirement to notify me of presentation of such request or release pursuant to this authorization, or a photo static reproduction hereof, except as may be required by law.

I understand that investigation of me may touch upon, or include request for information concerning my character, personal habits and associates now, or in the past. I further understand that information about me may be reviewed, reevaluated or updated from time to time.

I certify that I have read each of the provisions of this Authorization and understand each such provision.

This the _____ day of _____, 20_____.

Social Security # _____ Driver License# _____

Date of Birth _____ Email Address _____

Street Address _____ City _____ Zip _____

Print Full Name- First, Middle, Maiden, & Last _____

Signature _____

Criminal Record Check performed by: _____ Signature

Date: _____

Comments: _____
