

This document is required to be a separate form and may not be made a part or attached to the Employment Application.

Background Information and Release Authorization

I authorize STRIDE Academy and RHR Information Services Inc., to conduct a background investigation as part of its employment/volunteer screening and selection process. This information in part or in whole will be provided to the company in the form of a report provided by RHR Information Services, Inc.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to employers to include wages, educational institutions to include release of grade point averages, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, insurance sources, driving and criminal history.

According to the Fair Credit Reporting Act (FCRA), I am entitled to be informed if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I understand that if this occurs I will be advised and provided with the name of the agency or source of information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigative consumer report about me from a consumer-reporting agency.

I further understand that I am entitled to a copy of my consumer report directly from the credit bureau free of charge by checking the appropriate box below:

Are you applying for employment in California, Minnesota* or Oklahoma*? ☐ Yes ☐ No
Would you like a copy of the consumer report prepared for you? ☐ Yes ☐ No

* Minnesota and Oklahoma residents are entitled to a free copy of their credit report.

I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment should any statements or answers be found to be false or information has been omitted; such false statements or omissions will be just cause for termination of my employment.

I further acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. If employed by the above referenced employer (with the exception of employment in California) this authorization will remain in effect throughout the term of my employment.

Date: _____

Signature: _____

SSN: _____

Printed Name: _____

Date of Birth: _____

Email Address: _____

Street Address

City

State

Zip Code

Note: The following information is provided voluntarily and **is not** considered as part of your application. It will be used for identification purposes only in verifying information on your Employment Application.

Driver's License Number

State of License

Expiration Date

List any other cities or states in which you have lived during the previous 10 years.

List any other last names you have used during the previous 10 years.