



**CLINTON CITY SCHOOLS  
CRIMINAL HISTORY BACKGROUND CHECK AUTHORIZATION**

This document is to inform you, as a part of our procedure for determining your eligibility to be and/or remain employed by the Clinton City Schools (“CCS”), your criminal history record may be obtained. **CCS will NOT be reviewing your credit report, which contains your credit history and score, and could do so only if we obtain a separate authorization from you for this purpose.** Note, however, the Fair Credit Reporting Act (“FCRA”), despite its name, still governs background checks solely seeking criminal history records.

1. I hereby consent to and authorize CCS to obtain one or more criminal history reports (these reports may be of the type governed by the FCRA) on me in connection with my potential and/or continued employment with CCS. Such criminal history reports include information regarding my criminal record and my driving record.
2. I understand the vendor from which these criminal history reports will be sought will be Background Investigation Bureau, LLC (“BIB”). BIB is a vendor governed by the FCRA.
3. I also understand this authorization, in original or copy form, shall be valid for this **and** any future criminal history reports or updates requested in connection with my employment by the CCS, including criminal history reports conducted on a daily, periodic, selective, random or rotating basis once hired.
4. I understand that CCS has the right to review the results of my criminal history report, and to make decisions regarding my suitability for employment/continued employment based on facts to include but not limited to any convictions recorded.
5. I acknowledge I have read the information contained on this form carefully and certify all of the information completed by me on the attached data sheet and as contained in my previous application for employment with CCS (and any attachments to it) were and are true and complete to the best of my knowledge.
6. I understand any omission of fact or false or misleading information given in this background check authorization and data form (and any attachments to it), and as contained in my previous application for employment with CCS (and any attachments to it), may result in suspension or discharge, as applicable.
7. I understand CCS Policy 7300, “Staff Responsibilities,” requires me to report to CCS Human Resources any future arrests, charges or convictions that may occur during my employment. Policy 7300 specifies the timeframes in which these reports must be made. Policy 7300 is available for review on the CCS website.

<b>Personal Identifying Information for Background Investigation Bureau – please print or type</b> (list all names used; maiden, surname, alias) <i>Please include your name as it appears on Driver's License.</i>			
Last Name	First	Middle	
Last Name	First	Middle	
Last Name	First	Middle	
Home Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	Social Security No.	Gender	Race
Driver's License Number	State Issued	Expires	

**This information is for the sole purpose of retrieving the background information listed above and will not be used by Employer for discriminatory purposes.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*I understand my signature authorizes CCS to conduct criminal background checks.*