

Criminal Records Check Authorization

To Whom It May Concern:

Date: _____

I request and give my consent for any federal or state law enforcement department or agency to release information, records, details and files of any convictions contained on me therein, whether local, state or national, to St. Petersburg Christian School (SPCS). I also release any law enforcement department or agency from any potential liability resulting from the release of the above information.

I certify that the information below is correct and true to the best of my knowledge. I authorize SPCS to use the information in completing the investigation of official law enforcement files of criminal violations and files of child abuse agencies.

I understand that a record of conviction will not necessarily be a bar to my employment and that factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

I understand that this information will be kept confidential and limited to those staff involved in the selection process. I waive any rights I might have to see the comments of my references and contacts. I release SPCS, and any associated organizations, employees and agents, from any potential liability for damages that could possibly accrue to me or my family as a result of providing information due to this request.

Applicant's signature (necessary to continue processing application)

Full name (printed): _____

Maiden name (if applicable): _____

Other names or aliases ever used: _____

Current address: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____ - _____ - _____

How long have you consistently resided in Florida? _____

List the following for all residences during the past 10 years.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>From</u>	<u>Until</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____