Employment Background Authorization & Release

I hereby authorize **Hoke County Schools** to obtain any and all information that pertains to my eligibility for employment. This information will include, but is not limited to, arrest and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification and social security number verification. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the abovementioned information. I further authorize the procurement of the above-mentioned reports at *any time* during my employment/volunteer or contract.

Last	First	Middle
Name		
Name		
Current Street Address	City_	State _
Zip Phone	SSN	Date of Birth
Sex/Gender Race		
Drivers License Number	State Issued	Expires

about my character and style of living. My signature releases any liability against **Hoke County Schools** or its acting agents. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature	Date:	
*School/Site	-	
*Please check one of the following: New Hire	Substitute Applicant	
If volunteering, check here: Volunteer and provide the information below:		
Student Name:	Teacher name:	