## John Glenn School Corporation Employment Background Check Authorization Form

I hereby authorize the School Corporation to make such investigations and inquiries of my personal background, previous employment, and related matters as may be necessary in arriving at an employment decision, including but not limited to an expanded national criminal history check and an expanded child protection index check.

Furthermore, I understand my employment is conditional upon the School Corporation receiving a satisfactory report from its inquiries and the criminal history/child protection index check.

Name: SS #			#
Last, First, Middle	Initial		
Address:			
Street Address		City	State Zip
Email Address:			
Date of birth:		Phone:	
mm/dd/yyyy		r none.	
Has applicant ever used an alias	s, including differen	t first, middle or last name o	or combination
of names in lifetime?	Yes	No	
Maiden Name		Other last name (specify previous marriage or other)	
Nickname		Pre-adoptive name	
Please list all counties, cities, a first. Begin with the most curren			or your birthdate, whichever occurs
County/State	Begin Date	End Date	City and Explanation, if necessary
Example: Starke/IN	5/1/2001	Current	Knox, School address
Example: Marshall/IN	10/1/1995	5/1/2001	Plymouth, Home address
The following information is rec not used as a condition of empl		tment of Child Services for th	ne Child Protection Index Check and is
Gender of Applicant at birth:	Male	Female	
Has your gender changed?	Yes	No	
Race of applicant:		<u></u>	
Signature of applicant:			

I certify that all the information I have provided on this authorization form is complete and accurate.

**Note to Applicants:** Please note you will receive an email from "KidsTrack Support" asking you to log on and approve your Expanded Child Protection Index Check. Your background check can not be completed without your authorization.