

# Pratt Unified School District No. 382

401 South Hamilton  
Pratt, KS 67124  
620-672-4500  
Fax: 620-672-4509  
www.usd382.com

## AUTHORIZATION & WAIVER

As part of the application process for employment at USD 382, I understand that USD 382 and/or its agent, National Screening Bureau, will conduct an investigation of my personal information. The investigation might include, but is not limited to, names/dates of current/previous employment, all personal recollections and/or information in your files concerning me, my character, general reputation, personal characteristics, personal history, military service, work experience, worker's compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, names and dates of education, credit history (including consumer reports, credit ratings, and bankruptcy records), complaints or grievances filed by or against me, background investigations, disciplinary actions, and internal affairs investigations and discipline.

I authorize without reservation the full release of this information to USD 382 and/or its agent, National Screening Bureau. This authorization is executed with full knowledge and understanding that the information is for the office use of Pratt USD 382, and will be considered as part of their pre-employment background investigation in determining my qualifications and fitness for the position which I seek. Consent is granted for USD#382 to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I also authorize the full release of the information described above, without reservation, throughout any duration of my employment at USD 382.

I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

I release and discharge you, your organization, USD 382 and its agent, National Screening Bureau, and all related agents and representatives, any expenses, losses, damages, liabilities, or any other charges or complaints which may result to me, or my heirs because of compliance with this authorization and request to release information or for the investigation process.

A photocopy of this form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature. You may retain this form in your files. Should there be any questions as to the validity of this authorization, you may contact me as indicated below.

**Applicants' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have received a copy of "A Summary of your Rights"

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### The following must be filled out completely for your application to be considered.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Other names used: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

\*Note: Date of birth is requested only for purposes of identification in obtaining accurate retrieval. Upon request, National Screening Bureau will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: National Screening Bureau, 200 W Douglas, Suite 600, Wichita KS 67202 or by contacting National Screening Bureau at 1-877-263-4405