Note: You can type data and print with freeware Acrobat Reader, but will not be able to save it unless you have the full, paid version of Acrobat. You can print the page or make it into a PDF if you have a free PDF print program, like CutePDF or PDF995, installed on your computer.

Stillwater Area Public Schools
SUBSTITUTES/ VOLUNTEER/STUDENT TEACHERS
Background Authorization Form

The amended Fair Credit Reporting Act (1977) requires that we inform you that a background investigation may be conducted as part of our screening or volunteer process. Upon your written request, within a reasonable period of time, additional information as to the nature and scope of the report (if one is made) will be provided. You have the right to request details of the report from the consumer reporting agency. The information requested below is required to process your background investigation and is intended solely for that purpose.

(PLEASE PRINT)

NAME OF APPLICANT: _____

VOLUNTEERING/STUDENT TEACHING SITE(S)_____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OTHER NAMES USED & DATES CHANGED_____
(Including Maiden Name) (Year Changed)

RESIDENCE ADDRESSES FOR THE PAST 7 YEARS: (If more lines are needed, please use back of form)

Street Address_____City, State, Zip Code_____County _____From Mo./Yr. _____To Mo/Yr._

Have you ever been charged with or convicted of a Misdemeanor or Felony Crime? YES☐ NO☐
If yes, please provide a detailed explanation, including what county and state, and in what year_____
_____
_____

I authorize Stillwater Area Schools and/or PRS, Inc. and their agents to investigate my background as it pertains to employment within District #834 – Stillwater Area Schools. This may include investigations of employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including criminal and motor vehicle data. I release all persons or corporations furnishing such information from liability and responsibility. A photocopy of this document may be submitted for the original.

SIGNATURE OF APPLICANT_____**DATE**_____

Please attach a check in the amount of $15.00 made payable to I.S.D. #834, to this form and then submit to: I.S.D. #834 – Human Resources, 1875 S. Greeley Street, Stillwater, MN 55082

(MN/CA/OK Residents Only): Do you wish to receive a copy of your report? No☐ Yes☐ If yes, please indicate how you would like to receive it: I would like to pick up a copy at CSB ____ **or** I would like a copy e-mailed to me____.

Office Use Only

Payment Received ____Check Number_____ Cash_____ Received by: _____
Date Entered OT _____ Date Completed OT _____ Snap Shot ____ Spreadsheet _____ Revised 9.21.11