

**Cumberland County Schools  
Disclosure/Authorization for  
Criminal Background Check**

**INSTRUCTIONS:** Please fill form out in its entirety. Incomplete forms will delay processing.

<b>Current Legal Last Name:</b>	<b>Current Legal First Name:</b>	<b>Current Legal Middle Name:</b>	<b>Maiden/ All other names:</b>

<b>Social Security Number:</b>	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Date of Birth:</b> ____/____/____	<b>Driver's License #:</b>  <b>State:</b>	<b>Ethnic Group:</b> <input type="checkbox"/> <b>ASIAN</b> (including Pacific Islander) <input type="checkbox"/> <b>BLACK</b> (non-Hispanic) <input type="checkbox"/> <b>HISPANIC</b> <input type="checkbox"/> <b>INDIAN</b> (including Alaskan Native) <input type="checkbox"/> <b>WHITE</b> (non-Hispanic)
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**E-mail:**

Residency Information: List last ten years, beginning with most current (NO PO BOXES)					
Dates		ADDRESS	CITY	STATE	ZIP CODE
FROM MM/YY	TO MM/YY				

**Position(s) Applied for:** (include all position that you want to be considered for)

**Are you a current Cumberland County Schools employee?**    YES    NO

**Have you previously applied?**    YES    NO

My signature below authorizes Cumberland County Schools (CCS) to obtain information about me from a consumer reporting agency for the purposes of employment, volunteering, student teaching/intern, outside service provider, contract services, etc. This information may be obtained at any time after the receipt of my authorization and throughout my term of service and/or consideration. The types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate record searches, motor vehicle records checks, and court record checks. The consumer report will be obtained from Background Investigative Bureau, LLC (BIB), located at 9710 Northcross Center Court, Huntersville, NC 28078, phone number 1-877-439-3900. I hereby authorize any law enforcement agency, administrator, local state or federal agency to furnish any and all background information requested by BIB, additional third party organizations acting on behalf of CCS, and/or CCS itself. I certify that the information given by me in this application is true and complete. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of this application or dismissal from employment if you have been hired. It is understood that this application and all other pre-employment data become property of CCS. I understand that my date of birth, sex and ethnic group will not be used to discriminate against me in violation of any law. I agree that a copy of this authorization shall be valid as the original. (Revised 8/1/15)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

HUMAN RESOURCES USE ONLY: