

**\*\*\*\*\*EMPLOYEE  
RELEASE AND AUTHORIZATION**

In connection with my application for substituting with Columbus County Schools, I hereby authorize Columbus County Schools and Screening One, Inc. to perform a criminal background screening check. I understand and agree to the following:

1. A background check is not only for the benefit of Columbus County Schools as a sound business practice, but also for the benefit students and employees.
2. All reports are confidential, and provided to Columbus County Schools for substitute decisions only.
3. I may review or obtain a copy of my report as provided by law. Screening One, Inc. may be contacted by writing to: Screening One, Inc. 2233 West 190<sup>th</sup> Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested by Columbus County Schools or Screening One, Inc.
5. I further release all of the above, including Columbus County Schools and Screening One, Inc., to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be valid as the original.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.**

**PLEASE PRINT INFORMATION REQUESTED BELOW**

<b>FIRST NAME</b>	
<b>MIDDLE NAME</b>	
<b>LAST NAME</b>	
<b>VALID DRIVERS LICENSE (COPY OF LICENSE MUST BE ATTACHED)</b>	
<b>SOCIAL SECURITY NUMBER (COPY OF CARD MUST BE ATTACHED)</b>	
<b>DATE OF BIRTH</b>	
<b>ADDRESS (911)</b>	
<b>CITY</b>	
<b>STATE</b>	
<b>ZIP</b>	

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