



**NEUSE CHARTER SCHOOL
BACKGROUND CHECK APPLICATION – 2017-18**

Date: _____
<input type="checkbox"/> Photo ID
<input type="checkbox"/> Background check
<input type="checkbox"/> Approved
<input type="checkbox"/> NOT Approved
Initials: _____

FULL NAME (INCLUDING MAIDEN): _____

FULL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ SEX: _____

DRIVER'S LICENSE STATE: _____ DL NUMBER: _____

CELL PHONE: _____ EMAIL: _____

PLEASE CHECK ONE OF THE FOLLOWING:

- I have NOT been charged or convicted of a misdemeanor or felony within the past 20 years.
- I HAVE been charged or convicted of a misdemeanor or felony within the past 20 years.

Please indicate the date, location, charges and disposition of all cases. Failure to do so may be legitimate reason to terminate employment or deny volunteer status:

AUTHORIZATION:

I hereby authorize Edwards & Associates (PO Box 805, Mount Airy, NC, 27030, 336-786-1962 (phone), 336-789-6779 (fax), edwardsassoc@surry.net), for Neuse Charter School (NCS), to conduct a comprehensive review of my background causing a consumer report, MVR, criminal history and other reports as deemed necessary by NCS. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, verification of social security number, current and previous addresses, employment history, education, character references, criminal history for all jurisdictions, motor vehicle records, and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to EDWARDS & ASSOCIATES, for Neuse Charter and its agents.

I hereby release Edwards & Associates, and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

I further understand that I am entitled to receive a copy of any report if I request it or if NCS modifies my volunteer status as a result.

Signature

Date

Printed Name