

HALIFAX COUNTY SCHOOLS (HCS)

RELEASE OF INFORMATION FORM

The purpose of this form is to notify you, in accordance with present federal law that a background report, including a criminal records check, will be obtained on you in consideration for employment and/or in the course of your employment with the Halifax County Schools. I understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

Last Name: _____ First: _____

Middle: _____ Other (Maiden, Aliases, etc.): _____ Gender _____

Present Address: _____ Social Security #: _____ - _____ - _____

City: _____ State: _____ Zip Code: _____

Date of birth: _____ Home Phone: () _____ Driver's License #: _____ State: _____

Month Day Year

This information is voluntary and will not affect your opportunity for employment or terms or conditions of employment.

Ethnicity: Are you of **Hispanic or Latino** ethnicity-a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race? ☐ **Yes** ☐ **NO**

Race: Please check one or more of the descriptions below corresponding to the racial group(s) with which you identify:

☐ **American Indian or Alaska Native** – A person having origins of North and South America (including Central America) and maintain tribal affiliation or community attachment.

☐ **Asian** –A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American** – A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

In consideration with this request, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background, including but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history, to the person or company with which this form has been filed, or its agents. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Please list all cities, counties and states in which you have lived within the past 20 years. Attach another page if necessary:

Street	City	County	State	Dates
_____	_____	_____	_____	_____
Street	City	County	State	Dates
_____	_____	_____	_____	_____
Street	City	County	State	Dates
_____	_____	_____	_____	_____
Street	City	County	State	Dates
_____	_____	_____	_____	_____

Please list any felony or misdemeanor criminal convictions, guilty pleas, pleas of no contest, deferred prosecutions, prayers for judgment, and pending charges. Your listing should include DWI/DUI convictions; guilty pleas etc. but exclude minor traffic violations. Please provide date(s), court of jurisdiction, and state.

Are you a retiree of the NC Teachers and State Employees Retirement System? ☐ **yes** ☐ **no**

If yes, when did you retire? _____ (mm/dd/yyyy) If yes, have you served a six month break in service? ☐ **yes** ☐ **no**

Position nominated for: _____ Previously worked for HCS: ☐ **yes** ☐ **no**

School/Location: _____ Applicant's Signature: _____ Date: _____