



School District: _____

APPLICANT RELEASE & AUTHORIZATION

***All fields must be completed, if the answer is none, please indicate none:

_____ Last Name	_____ First Name	_____ Middle Name
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Current Address		_____ Dates Lived Here
_____ City	_____ State	_____ Zip
_____ Social Security Number	_____ Driver's License #	_____ State Issued

Email address (may be used for official correspondence)

In connection with my employment or potential employment, I understand that information provided may be investigated to verify its accuracy. I hereby authorize verification of all information in my employment application and as described above, from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with the Federal Americans with Disabilities Act (ADA), labor and wage records, etc. or any part thereof. I authorize any duly authorized agent of the Iowa School Finance Information Services, Inc. (ISFIS) and/or IntelliCorp Records, Inc (IntelliCorp) to obtain, said records, whether the records are public or private, and including those which may be deemed to be privileged or confidential in nature, and I release all persons from liability as a result of such disclosure(s). Information appearing on this release and authorization shall be used exclusively by ISFIS and IntelliCorp or their customer for identification purposes and for consideration in determining suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my employment. I agree to provide additional information that may be requested to process my employment application and to verify information provided by me. I authorize without reservation, any party or agency contacted by ISFIS or IntelliCorp to furnish the above-mentioned information. This release and authorization is valid during the course of my employment to the extent permitted by law.

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, this document is considered my written permission to obtain information. I understand that I have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. I also understand that I am also entitled to a copy of my Rights under the Fair Credit Reporting Act upon written request.

I understand and agree that any omission, false statement, misleading statement or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date



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