



JACKSON PREPARATORY SCHOOL

Background Check Form For Employees, Substitutes and Volunteers

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security Number: _____

Home Street Address: _____

City: _____ State: _____

Zip: _____

Authorization Statement: I authorize the investigation of all criminal records in all jurisdictions where I reside or have resided, and hereby release Jackson Preparatory School and all other affiliated entities from any liabilities related thereto. I understand that untrue, misleading or omitted information completed by the applicant may result in dismissal from employment with the school.

Applicant's Signature: _____ Date: _____