



BACKGROUND CHECK AUTHORIZATION

I, _____
 Applicant's First, Middle, Maiden, and Last Name (Please Print Clearly)

hereby authorize a designated agent or representative of Salisbury Academy, to receive any information pertaining to me which may be in the files of any Federal, State or local criminal justice agency, or motor vehicle department. I understand that all information collected is for employment purposes only. I understand that if I have a position or am offered a position with Salisbury Academy, that my position may be terminated following an unfavorable report from either of the categories indicated below.

- | | |
|------------|------------------|
| Education | Driver's History |
| Employment | Criminal History |

 Home Address (house number and street name)

 City State Zip Code Day telephone number

Please list any other addresses you have lived during the last seven years:

 Address City State Zip code

 Address City State Zip code

 Address City State Zip code

This box contains required information to properly complete your employment evaluation.

*Driver License Number: _____	State Issued _____
Social Security number: _____	Date of birth: _____
Place of Birth: _____	

Required
 Applicant Signature _____ Date _____

***Please attach a photocopy of your driver's license.**