



Killian Hill Christian School

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize Killian Hill Christian School, and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Killian Hill Christian School.

I release Killian Hill Christian School and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Last Name _____ First Name _____

Middle Name _____ Name Suffix _____

Other Last Name _____ Other First Name _____

Other Middle Initial _____ Sex Male Female

Date of Birth * ____/____/____ Social Security Number * ____-____-____

Street Address _____ City _____

State _____ Zip _____

County _____ Phone # _____

Drivers License # _____ Drivers License State _____

Applicant/Employee Name and Signature

Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Killian Hill Christian School is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Age (40 and over), Handicap or National Origin.