

Prince George's County Public Schools - BACKGROUND CHECK FORM

Date: _____

Print Name **(Last, First, Full Middle)** _____ Social Security Number _____ Citizenship (Country) _____

Other names Used (Maiden) _____ Driver's License# and Issuing State _____ Race _____ Sex (Circle one)
 M F

Hair color _____ Height _____ Eye color _____ Weight _____ Date of Birth _____ Place of Birth _____

Current address (Street, City, State, Zip Code) _____ (Home Phone Number) _____

Addresses for the Past Seven Years **Dates Lived at this Address**

City _____ State _____ County _____ Zip _____

City _____ State _____ County _____ Zip _____

City _____ State _____ County _____ Zip _____

Position Applied for: _____ Name of School: _____ Name of Hiring Specialist: _____

Warning: Failure to report criminal convictions, Probation Before Judgment (PBJ) dispositions, or pending charges may result in termination of your employment with Prince George's County Public Schools. Any individual who fails to disclose prior conviction or the existence of pending charge shall be guilty of perjury. This is a misdemeanor offense and on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding 1 year or both. **INITIAL HERE** _____

Have you ever been identified as responsible for "indicated child abuse/neglect by any Department of Social Services?
 Yes _____ No _____ If yes, in what County & State did the investigation take place? _____

Have you ever been convicted or, placed on probation before judgment (PBJ), found not criminally responsible, or have pending criminal charges against you without a final disposition for an offense other than a minor traffic violation?

Yes _____ No _____ If yes, list information below:

Charge:	Date:	Location:	Conviction	Probation	Pending Charge
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

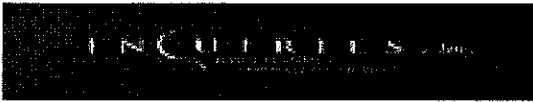
SIGNATURE: _____

FOR INTERNAL USE ONLY:

Reprint _____ Technician Name _____ FRS (Date) _____
 Send Cards _____ Transmittal Number _____

Screening (if applicable) _____ For Investigative Office Use Only _____
 Cleared _____ Pending Issue _____ Not Cleared _____

Printed Name of Screening Official _____ Date _____



Applicant Release and Authorization

The purpose of this form is to notify you that an Investigative Consumer Report will be conducted on you in the course of consideration for employment, promotion or annual review if requested. This report is being provided by Inquiries, Inc.- Post Office Box 67 Easton, MD 21601 – Phone 866-987-3767. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, educational 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, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release also authorizes the client to request a pre-employment and/or random selection 5 or 10 panel Urine Based drug screen. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly

Name (Last) _____ (First) _____ (Middle) _____

List any maiden/other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____-____-____

Drivers License # _____ State _____ Sex _____ Race _____

Professional License Held* _____ State _____ Lic.# _____
(*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____/____ to ____/____/____

City _____ State _____ Zip _____ Dates ____/____/____ to ____/____/____

City _____ State _____ Zip _____ Dates ____/____/____ to ____/____/____

City _____ State _____ Zip _____ Dates ____/____/____ to ____/____/____

Your Signature _____ Today's Date ____/____/____

******APPLICANT – DO NOT WRITE BELOW THIS LINE******

FAX TO: (410) 819-3670

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: _____ Branch _____

____ Please start our standard background check (ignore boxes below)
Or select from the following:

___ County Criminal History ___ Statewide Criminal History ___ Civil History ___ Social Security Verification

___ Education/Degree Verification ___ Driving Record ___ National Wants & Warrants ___ Professional License Verification

___ Previous Employer Verification ___ Federal District Criminal Search ___ 5 panel Urine Based drug screen ___ 10 panel Urine Based drug screen

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Inquiries, Inc. and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Inquiries, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Inquiries, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Inquiries, Inc, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, and / or workers compensation claim history.