

## Criminal Background Check Authorization Form

TO BE COMPLETED BY CANDIDATE	
PLEASE PRINT ALL REQUESTED INFORMATION	N

This section to be completed by Liberty Christian School: Date Performed: \_\_\_\_\_ Results Approved: YES No

Signature:		Date:
•	on this form are true, complete, and correct to atements herein could void my consideration for	the best of my knowledge and belief, and are made in or employment or volunteering.
	*	ng run, consult our office for details. (RCW 45.43.834)
background check on me. I understand the sanctions/exclusions, and professional lice	nsure/certifications. I understand that this back	by give authorization to conduct a security ch as criminal history, education, employment, ground check may include information from previous d it's employees from all liability resulting from the
	and findings made against you? YES No (	
	nst you in any civil adjunctive proceeding? Yl	,
Have you ever been convicted of any of the second of	crime? YES No (circle one)	
Please answer the following questions:	win 2 VEC No. (d. I.	
	Otate of Issue.	Dapitation Date.
*Date of Birth is being requested in orde		Expiration Date:
anyone except as mandated by law.		pedite this check. Your SSN will not be disclosed to
ocial Security #: Date of Birth*:		
Have you ever used another name? (ie: n	ickname, maiden name, other last names; or al	MIDDLE  ias)
Name:LAST		
PLEASE PRINT ALL REQUEST		