



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 _____
 Middle Name _____
 Other Last Name _____
 Other Middle Initial _____
 Date of Birth * _____
 Street Address _____
 State _____
 County _____
 Driver's License # _____

First Name _____
 Name Suffix _____
 Other First Name _____
 Sex Male Female
 Social Security Number * _____
 City _____
 Zip _____
 Phone # _____
 Driver's 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, handicap or national origin.