

FINGERPRINTING - DISCLOSURE AND AUTHORIZATION
 [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
NOTICE REGARDING BACKGROUND INVESTIGATION

ROE #53 ("the ROE") may obtain information about you from a consumer reporting agency for purposes of employment, licensure, volunteering, student teaching, or any other contractual services. These reports may contain information regarding your criminal history, motor vehicle records ("driving records"), fingerprint test by state police and/or FBI, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants, volunteers, and contractors is a fingerprint test and photo recognition by the state police and/or FBI conducted by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ROE #53 to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment or service to the ROE to the extent permitted by law.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ROE #53 by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the ROE at any time after receipt of this authorization and throughout my employment and/or service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, another outside organization acting on behalf of ROE #53, and/or the School itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI). In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Last Name _____ First _____ Middle _____ Maiden/Other Alias _____

**Social Security # _____ **Date of Birth _____ Place of Birth (State): _____

Driver's License # _____ State of Driver's License _____ Phone _____

Present Address _____ City/State/Zip _____

Signature: _____ Date: _____

**This information will be used for background screening purposes only and will not be used as hiring criteria.

Gender: Male Female Race: Asian Pacific Islander Black White White Hispanic White Other Height: _____
 Weight: _____

Hair Color: Bald Gray Black Sandy Blonde Red Brown Eye Color: Black Blue Brown Green Gray Hazel Other Skin Tone: Black Light Medium Olive Light Brown Fair Dark Brown

Position: _____

Per Illinois School Code you are entitled to receive a copy of your criminal background check. Would you like to receive this copy? Yes _____ No _____

Office Use Only: Proof of Identity: DL / State I.D. / Passport / Birth Certificate / SSC / Other: _____ ORI #: _____

Technician Name: _____ Technician License #: 249.000 _____ TCN: _____

Date of Fingerprinting: _____ Time: _____ Location: ROE 53

Payment Type: Cash / Credit Card - Last 4 Digits: _____ Amount: \$ _____