

**AUTHORIZATION FOR PRE-EMPLOYMENT VERIFICATION
AND RELEASE OF INFORMATION**

To Whom It May Concern:

I hereby authorize the Board of Education of the Sandusky City School District, by and through its Superintendent, administrators and/or other authorized employees, to complete a background investigation, including but not limited to, a Bureau of Criminal Investigation (BCI) records check in accordance with O.R.C. 109.57, on me for purpose of employment with the Sandusky City School District.

I further authorize and request any and all schools, colleges, and universities which I have attended; any and all employers, agencies, companies or establishments for whom I have worked; my personal references, and such other persons who may have knowledge about me such as my neighbors and co-workers to release any knowledge and information they may have regarding my past employment performance, any employment-related discipline which I may have received, my attendance and my reasons for leaving, and my education, training, experience and character. I hereby release the Sandusky Board of Education, and all of its elected and appointed officials, employees and agents from any liability which may result from requesting and receiving such information. I further release each and every source of such information, its employers, employees and agents furnishing such information from any liability which may result from divulging such information.

I understand that the information furnished will be considered as a whole and in light of the specific employment requirements for the position(s) for which I am applying, and disclosure by a source of an unfavorable report, criminal conviction or pending arrest, other than an offense for which the Ohio Department of Education is authorized to suspend or revoke a teaching certificate as set forth in O.R.C. 3319.31, will not necessarily disqualify me from consideration from employment.

I understand by signing this document, a photocopy hereof shall be considered as valid as the original for purposes of authorizing a background investigation and/or release of information. I specifically waive any written notice from my present or former employer(s) who may provide information based upon this authorized request.

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____

I am willing to undergo pre-employment drug testing, and submit to a physical examination by a licensed physician if required.

Signature of Applicant:

Date:

Signature of Sandusky City School Representative _____

Date _____

Equal Employment Opportunity Information

(Applicant Data)

Name: _____

Date: _____

Social Security Number: _____ - _____ - _____

The Sandusky City Schools is an equal opportunity employer dedicated to a policy of non-discrimination in relation to race, color, age, religion, sex, national origin, disability, military service, or any protected class.

The Equal Employment Opportunity Commission requires that we, as an employer, maintain accurate records concerning race and sex of all applicants for employment. For this reason, we respectfully request that applicants provide the specified information below. All information volunteered in this section will be used solely for purposes of retaining EEOC mandated records and will not affect in any manner an applicant's chances of obtaining employment with the Sandusky City Schools. Your assistance is greatly appreciated.

I DO NOT WISH TO IDENTIFY THE BELOW REQUESTED INFORMATION:

PLEASE CHECK THE APPROPRIATE DESIGNATION:

- White (not of Hispanic origin) All persons having origins in any of the original people of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, India, the Philippine Islands and Samoa.
- American Indian or Alaskan Native All persons having origins in any of the original people of North America.
- Multiracial Representing more than one race.

GENDER: Male Female

Military Service:

Branch of Service	From: Mo/Yr	To: Mo/Yr	Rank & Type of Discharge

Disabilities:

Are you disabled as defined by the Americans with Disabilities Act? Yes No

If yes, do you require an accommodation to perform the duties of the position for which you have applied?

Yes No

If yes, what type of accommodation are you requesting? _____