

Wishram School District

PO Box 8
Wishram, WA 98673
509.748.2551
509.748.2127 fax

BACKGROUND CHECK AUTHORIZATION

Position: _____

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME	DATE OF BIRTH	GENDER
ADDRESS:				
PHONE NUMBER:		EMAIL:		

I hereby authorize Wishram School to conduct a background investigation and authorize the release of information in connection with this application for employment. This investigation may include such information as criminal or civil convictions, credit check, driving records, previous employers and educational institutions, personal and professional references and other appropriate sources. I agree that this release further authorizes Wishram School to release information regarding your performance to any potential future employer.

Signature

Date