

Disclosure and Authorization Regarding Background Investigation

Lexington City Schools ("the Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report". This report may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigation consumer report is a criminal background history or verification. These searches will be conducted by **FirstPoint, Inc., P.O.Box 26140 Greensboro, NC 27402, 800-449-0245, www.firstpointresources.com**.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Lexington City Schools at any time after receipt of this authorization and throughout my employment, 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 **FirstPoint, Inc., P.O.Box 2614 Greensboro, NC 27402, 800-449-0245, www.firstpointresources.com** and/or Lexington City Schools. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Print Name

Signature

Date

**First Point
Data Entry Form**

Company Name: Lexington City Schools

Branch or Location:

Requestor Name: Ramelle Shuler

Accounting Code:

Email address: rshuler@lexcs.org

Phone #: 336-242-1527; 1210

Illegible forms may affect your turnaround time. Please make sure all information above is completely filled out so we can contact you should a need arise.

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name: _____

SSN: _____ **DOB:** _____ **Gender:** Male/Female

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **# Yrs** _____

Previous Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **# Yrs** _____

Driver's License #: _____ **State Issued:** _____

Email Address:
