

Centura Public Schools Substitute Form

| | | Applicar | nt Informa | ition | | | | |
|--|-------------------------------|----------------|---|--------------------|----------|------------------|---|--|
| Full Name: | | | | | Date: | | | |
| | Last | First | | | M.I. | | | |
| Address: | | | | | | | | |
| | Street Address | | | | | Apartment/Unit # | | |
| | | | | | | | | |
| | City | | | | State | ZIP Code | | |
| Phone: | | _ | Email | | | | | |
| Are intereste | ed in subbing for Elementary? | YES NO | YES NO Do you have a sub certificate or teaching certificate? | | | | | |
| Are interested in subbing for Jr/Sr High? | | YES NO | | ttach certificate) | | | | |
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| | | | , tvaliable t | o otart | | | | |
| | | | | | | | | |
| | | | | | | | - | |
| Education | | | | | | | | |
| High Schoo | l: | Addre | ·ss: | | | | | |
| From: | To: | Did you gradua | YES te? □ | NO | Diploma: | | | |
| College: | | Δddre | ess: | | | | | |
| College | | Addre | | | | | | |
| From: | To: | Did you gradua | YES te? | NO | Degree: | | | |
| Other: | | Addre | ess: | | | | | |
| | | | YES | NO | | | | |
| From: | To: | Did you gradua | te? □ | | Degree: | | | |
| Other certific | cations: | | | | | | | |
| | | | | | | | | |
| Disclaimer and Signature | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | |
| | | | | | | | | |
| Signature: | | | | | Date |): | | |



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLAIMER: This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the attached state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Centura Public Schools] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, 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 investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law.

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 Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE PRINT LEGIBLY

This information will be used for background screening purposes only and will not be used for any other purpose

| Last Name: | First Name: | Middle: | |
|--------------------|-----------------------------|---------|--|
| Other Names/Alias: | | | |
| | Date of Birth (MM/DD/YYYY): | | |
| | State of Driver's License: | | |
| Present Address: | Phone: | | |
| | | Zip: | |
| Email Address: | | _ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signature: | Date | | |