



Kieve-Wavus Education, Inc. Criminal Background Check Form

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www.kieve.org

PRE-EMPLOYMENT AND CONTINUED EMPLOYMENT/VOLUNTEER DISCLOSURE AUTHORIZATION AND RELEASE

I understand that in connection with my application for Employment or Volunteer Services, or for continuing Employment or continuing Volunteer Services at Kieve-Wavus Education, Inc., IntelliCorp, its agents, assigns or any authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Driving Record, and / or Criminal History. However, unless my position involves handling money and / or other transferable monetary instruments, my Credit History will not be checked.

I understand that Kieve-Wavus Education, Inc. may rely on any party or all discovered information in determining whether to extend an offer for employment or continued employment with Kieve-Wavus Education, Inc. I further understand that if any adverse action is taken by Kieve-Wavus Education, Inc., or if Kieve-Wavus Education, Inc. chooses not to extend an offer of employment / volunteer duties to me based upon this information, that I will be provided a copy of such information along with a summary of my rights.

I understand that the background check, which may be performed by said Investigators, is being performed as part of the process to evaluate me for employment / volunteer assignments, and is not conducted for any purpose other than in connection with my employment / volunteer duties.

I have read this Pre-Employment and Continued Employment / Volunteer Disclosure and by signing below, hereby authorize said Investigators to conduct a background check as described herein in conjunction with my application for employment / volunteer duties or continuing employment / volunteer duties. I hereby release any and all Investigators, including Kieve-Wavus Education, Inc., from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with Kieve-Wavus Education, Inc. I further direct and authorize said Investigators to conduct the background check and further authorize any third parties who may be the custodians of, or in possession of, the requested information to disclose such information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for **NO** other purpose than to make the process for conducting a background search more accurate and timely. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature

____/____/_____
Date

Printed Name

Social Security Number

____/____/_____
Date of Birth

Any other name utilized (if applicable)

Current Address:

Street *City* *State* *ZIP*

Former Address:

Street *City* *State* *ZIP*