CLOVIS CHRISTIAN SCHOOLS INCORPORATED

AUTHORIZATION FOR RELEASE OF RECORDS AND FOR A BACKGROUND INVESTIGATION

Waiver and Release

Applicant must provide a valid Driver's License so information listed on this form can be verified.

APPLICANT INFORMA	ATION				
E-Mail Address					
Full First Name	Full Middle Name	Last Nam	e	Suffix	
Gender Race	der Race Social Security Number		Date of Birth		
Address		City	State	Zip Code	
	for employment with the Clo				
and other general qualifica Christian Schools agent bea I acknowledge that my of investigation herein author allowed to, nor do I have investigation, and it will n Schools Inc. without a con-	g to my work history, criminal histons or fitness. I direct custodiaring this authorization, either or employment with the Clovis Crized being completed with a far any right to, review or see mot be released to anyone outsident order. In the event that any congation or materials provided in second	ians of such records to iginally signed or in particular schools. In vorable result. I fur by background investe of authorized superourt should in the fut	to release copies photocopy form. ac., is continger ther acknowledge tigation or mate rvisory personne ure rule that I po	nt upon the background ge that I will not ever be rial provided in such an el of the Clovis Christian assess a right to review or	
of my background investig	an Schools Inc., and it's agents a gation, form any claim of damag evestigation, and waive any right	ge that could ever be	brought by me		
This release and waiver is b	oinding on my heirs, assign, or re	epresentatives or asso	ciates of any nat	ure.	
Applicant Signature		Date			
CCS Personnel Department Signature		Date Backgr	Date Background Check Completed		