

**CRIMINAL RECORDS and BACKGROUND RELEASE  
AUTHORIZATION and DISCLOSURE**

**SAVANNAH RIVER ACADEMY 213 S. OLD BELAIR ROAD, GROVETOWN, GA 30809**

I, \_\_\_\_\_  
**FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_ **LAST NAME** (Please Include Jr., Sr., II, III, etc.) \_\_\_\_\_

understand that SAVANNAH RIVER ACADEMY will seek and obtain investigative reports about me. These investigative reports may include, whichever are applicable, but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, professional and personal references, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, and drug testing. I understand and authorize that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for SAVANNAH RIVER ACADEMY and/or its designated agents or representatives to conduct the searches and investigations or obtain them through a 3<sup>rd</sup> party vendor. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

I also authorize the full release of the information described above, without any reservation, throughout any duration of time with this organization. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment at any time.

**\*PLEASE COMPLETE, SCAN, AND SAVE DOCUMENT AS LAST NAME, FIRST NAME AND EMAIL TO EMILY KNODEL at: emily.knodel@savannahriveracademy.org.**

<input type="checkbox"/>	CHECK THIS BOX if you need to disclose any criminal records and then list below:  _____
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Responses to the following questions are completely voluntary. You need not respond to have your application considered. However, law enforcement agencies and other entities, for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for any other purposes.

**Please Print Clearly**

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>	
<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH (Month/Day/Year)</b>	<b>PLEASE CHECK ONE</b>	<b>RACE</b>
		Male <input type="checkbox"/> Female <input type="checkbox"/>	

**Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.**

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

**List all employers, including current, for the past 7 years. Use the back of this form if more space is needed.**

BUSINESS NAME AND DIRECT SUPERVISOR	PHONE #	DATE FROM	DATE TO

**Complete if applying for a position that may involve driving a motor vehicle.**

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_