



WEBBERS FALLS PUBLIC SCHOOLS

200 South Stand Waite Boulevard

P.O. Box 300

Webbers Falls, OK 74470-0300

Superintendent (918) 464-2580

High School (918) 464-2334

Elementary (918) 464-2383

AUTHORIZATION FOR BACKGROUND CHECK

Employee Name: _____
First, Middle, Last

Address: _____

Birthdate

Social Security Number

Driver's License Number

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Webbbers Falls Public Schools to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position of volunteer. I understand that Webbbers Falls Public Schools will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the school's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Signature of Applicant

Date