

**PUBLIC SCHOOLS OR ROBESON COUNTY  
AUTHORIZATION FOR RELEASE OF INFORMATION**

**ADDENDUM TO EMPLOYMENT APPLICATION**

_____	_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden</b>	
_____	_____	_____	_____	_____
<b>Social Security #</b>	<b>Telephone #</b>	<b>Date of Birth</b>	<b>Race</b>	<b>Sex</b>

**N.C. Driver's License #** \_\_\_\_\_

**Address:** List addresses you have lived at for five (5) year period – List current address first and dates of occupancy)

<b>Dates From/To</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I, the undersigned applicant, hereby expressly authorize the Public Schools of Robeson County Board of Education, its agents and employees to make any investigation of my personal or employment history, expressly including, but not limited to federal and/or state criminal, law enforcement or traffic records I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give the Board of Education, its agents or employees any information they may have regarding me. Also, I authorize the Board of Education for the Public Schools of Robeson County and its designated staff/laboratory to perform a drug-screening test as part of the school system's pre-employment process I understand that if test results are positive, I will not be considered for employment.

In consideration of the review of my employment application by the Public Schools of Robeson County Board of Education, its agents or employees, I hereby release the Board of Education and any and all providers of information to whom this release is sent, from liability as a result of furnishing or receiving this information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_