



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE

Background Information Check

READ ALL INFORMATION carefully before signing below. Print clearly in all areas. The information contained in this form will be used, along with your fingerprints, for a comprehensive background check through local, state and national law enforcement agencies. No entry on the form may be left blank. If you have never had any legal names, other than the ones you are currently using, please indicate "Not Applicable" (N/A) in the blank areas provided. False information or information not disclosed may be grounds for termination.

Last Name		First Name		Middle Name
Any Other Legal Last Name(s) used (<i>i.e., maiden name</i>)			Any Other Legal First Name(s) Used	
Social Security # - -	Applicant ID #	Employee ID #	E-mail Address (<i>required for consultant</i>)	
Address (<i>street, apartment number, city, state, zip code</i>)				Telephone () -
Birth Date / / year month day	Place of Birth (state or providence - country if other than USA)			
RACE				
<input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian/Oriental <input type="checkbox"/> Unknown				
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HAIR COLOR	EYE COLOR	HEIGHT ft. in.	WEIGHT lbs.
Company (<i>If not applicable leave blank</i>)		Job Title (<i>if applicable</i>)		Work Telephone # () -

By signing this document, I certify that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information, or misrepresentation of any information requested. I also understand that my fingerprints will be submitted to the Federal Bureau of Investigation for a complete criminal history background check.

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested may result in my immediate **termination**.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

Position _____ PE-39 _____
School _____ Logged _____