



PIÑON UNIFIED SCHOOL DISTRICT #4

P.O. Box 839 1 Mile North on Navajo Route 41
Piñon, Arizona 86510
928-725-3450
www.pusdatsa.org

FORM 2 - CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE:

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

I, _____ have applied for employment with the Pinon Unified School District No. 4 (PUSD). I understand that if I am considered for an offer of employment, the District will conduct a background investigation in order to determine my qualifications, and suitability for employment. This investigation may include asking my current and any former employer and educational institution I have attended and other individuals about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as, confirming my dates of my employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable), and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with the background investigation.

According to the Family Educational Rights and Privacy Act (FERPA), I understand that I have a right to see most education records that are maintained by any educational institution.

I waive ___ / do not waive ___ (initial only one) my right to see any written references or other information to the District by any education institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the District regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written reference concerning a current or past employee unless they do so confidentially, without revealing the references to the employee, and that the District will not further my application if it cannot complete its background investigation.

I waive ___ / do not waive ___ (initial only one) my rights to receive a copy of any written communication furnished to the District by any employer.

Whether or not I have waived my right, to see or to receive copies of written references furnished to the District by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any against any current or former employer or educational institution, and any officer or employee or either, that in good faith furnishes written or oral references requested by the District to complete its background investigation.

A photocopy or facsimile (FAX) copy of this form that shows my signature shall be as valid as an original.

Applicant Signature

Type or Print Full Name

Date

HUMAN RESOURCES

EMAIL: hr@pusdatsa.org

FAX: (928) 725-2123