ANNEX F

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

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, hereby authorize the **Schools Division Office of Navotas City (SDO-Navotas)** to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the information gathered by SDO-Navotas during the background investigation will only be used to for this application process and shall be protected and kept confidential as required under the Data Privacy Act of 2012 (Republic Act. No. 10173). I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

_____ _____

Name & Signature of Employee Date