



## Background Check

In order to work at our school in a classroom or individual setting, you must submit to and pass a background check. Please fill out the information below.

I hereby authorize the Arts Based School to generate a criminal background check.

Your signature \_\_\_\_\_ Date: \_\_\_\_\_

(Please print legibly.)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_