

**APPLICATION FOR LOCAL BACKGROUND CHECKS**  
**DEVILS LAKE PUBLIC SCHOOL DISTRICT**  
1601 College Drive North, Devils Lake, ND 58301  
(701) 662-7640 / (Fax) 662-7646  
[www.devils-lake.k12.nd.us](http://www.devils-lake.k12.nd.us)

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (Home) \_\_\_\_\_

PHONE (Work/Cell) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**Reason for Background Check:**

*(ie: Volunteer, Chaperone, Intern, etc)*

**School:**

**Contact Person:**

Are you a United States Veteran?

YES \_\_\_\_\_

NO \_\_\_\_\_

**AUTHORIZATION**

I certify that the facts contained in the application are true and complete to the best of my knowledge. I also understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to include a background check into felony convictions and child neglect or abuse, and release the Devils Lake Public School District of any liability and damage that may result from utilization of such information.

I also understand and agree that no representative of the Devils Lake Public School District has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Devils Lake Public School District representative. I understand that by providing information on this application that there is no contractual or implied agreement between myself and the Devils Lake Public School District.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date