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Teton Science Schools

700 Coyote Canyon Road
Jackson, WY 83001
(307) 733-1313
www.tetonscience.org



To: TSS Human Resources Department
Fax number: 307-733-7560

From:
Fax number:

Date:

Regarding: Authorization for Criminal/Driving
Records Check

Phone number for questions:
307-734-3760

Instructions:

Your state requires a signed authorization form in order to conduct a screening of your criminal history and driving records. Before continuing further on this portal, please print and sign the authorization form and send it to our HR department.

You must include a "wet signature" on the Authorization Form; an electronic signature WILL NOT be accepted.

Fax this cover sheet and Authorization Form to Teton Science Schools, HR Department at 307-733-7560 or scan and email a PDF to human.resources@tetonscience.org with both the cover sheet and Authorization Form. We have to retain your form on file for audit purposes.

Once you've completed the Authorization Form and have sent it to Teton Science Schools, you can continue with the on-line process of initiating your background and driving check.



Teton Science Schools

People • Nature • Place • Education

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit TETON SCIENCE SCHOOLS, INC to obtain information, where permitted, pertaining to my driving history records, driving performance and safety history, criminal history.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from iiX. I hereby release and hold harmless any person, firm, or entity, including iiX, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by iiX or its agents.

I consent to and authorize the processing of my information in a foreign country by persons providing services to my prospective employer and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction.

I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's Full Name _____ Date of Signature _____
(Print clearly)

Signature _____

California Applicants: Please check here to have a copy of your consumer report sent directly to you. The **employer or prospective employer is to provide a copy of the report to you** in accordance with California Civil Code § 1786.16.
Version 2012.3

Minnesota and Oklahoma Applicants: Please check here to have a copy of your consumer report sent directly to you. If you wish to receive a copy, you must complete the information below. Please print clearly. If this block is marked, the **prospective employer or employer should return this form to iiX** via fax to (201) 748-1449 within 24 hours of the request for the report.
(PRINTED NAME) (SIGNATURE) (DATE)

(STREET ADDRESS) (CITY) (ST) (ZIP CODE)

____/____/_____
(DATE OF BIRTH) (SS NUMBER) (DRIVERS LICENSE) (STATE OF ISSUE)
(EMPLOYER OR PROSPECTIVE EMPLOYER)

iiX Customer Name iiX Customer No. Date of Request