

Background Check Authorization Form

Once you have completed this form send via email to: Augustin Trevino: augustintrevino@johnpauliihs.org

Application for:	Employment	Х	Volunteer	
(PLEASE PRINT) Name/Department Requesting This	Information: _	World Language	s Departmen	t
Legal Name: Mewa Martinez, Ana Former Name(s) and Dates Used: _		ewa de Roberti 2	2002-2005	
IF NO MIDDLE NAME, YOU MUST		OUR SOCIAL SE	CURITY NU	MBER:
Current Address Since:_07-2007 (Mo/Yr)		3103 Number		Sara Drive Street
City:Rowlett	State:	TX_		Zip: 75088
Previous Address Since:				
Name as it appears on Driver's Lice	ense: Ana Ceci	lia Mewa Martine	2	
Driver's License Number/State Issu	ing License: 23	3365357		
Date of Birth: 01/19/1960 Female:	_X Male:			
White: _X Black/African American Latino) American Indian/Alaska	•			· ·
	habits, performance stent with the job de	e, and experience, alc escribed, you may be	ong with reasons requesting inforr	onsumer report may be requested that will for termination of past employment. I understand nation from public and private sources about my:
2. Medical and workers' compensation inform	ation will only be re	equested in compliance	e with the Federa	al Americans with Disabilities Act (ADA) and/or

and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

3. I acknowledge that an email copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by John Paul II HS or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability.

Applicant's Signature: ____

Date: 08-06-2024	Date:	08-06-2024
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