



FORMER EMPLOYERS (List the last four employers starting with the last one first.)

| Month Day and Year | Name and Phone # of Employer | Salary | Position | Reason for Leaving |
|--------------------|------------------------------|--------|----------|--------------------|
| From               |                              |        |          |                    |
| To                 |                              |        |          |                    |
| From               |                              |        |          |                    |
| To                 |                              |        |          |                    |
| From               |                              |        |          |                    |
| To                 |                              |        |          |                    |
| From               |                              |        |          |                    |
| To                 |                              |        |          |                    |

REFERENCES (Please list names and addresses of three persons not related to you, whom you have known at least one year.)

| Name | Telephone Number | Business | Years Acquainted |
|------|------------------|----------|------------------|
|      |                  |          |                  |
|      |                  |          |                  |
|      |                  |          |                  |

In case of emergency, notify \_\_\_\_\_

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time under policy guidelines of the Iron County School District.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Iron District is an equal opportunity employer and does not discriminate with the regard to race, color, religion, national origin, sex, age, marital status, or physical or mental handicap, except where justified to meet a bona fide occupational requirement. Iron District is committed to a policy of keeping its work place free from sexual harassment. Iron District provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

## **SIGNATURE AGREEMENT AND RELEASE FOR BACKGROUND AND REFERENCE CHECKS**

I certify that all of the above information provided in the application is true and complete. I further agree that if I have provided false, misleading or incomplete information, the District may disqualify me as an applicant or terminate my employment immediately. I understand that this application and records become the property of the District. I authorize Iron County School District to inquire with former employers and/or references and to obtain any and all information regarding my job related background and qualifications **and information regarding any employment action taken or discipline imposed for the physical abuse or sexual abuse of a child or student, as required by Utah Code 53A-6-401**. I release and waive Iron County School District, my former employers and all references from any and all liability in obtaining such information. I also recognize that in accordance with Utah State Law, the District may conduct a criminal background check and I hereby waive my right to further written notice of such. I understand that if employed, the employment is temporary pending completion of all required documents and the outcome of history and background check investigations. If I am presently charged or under indictment for a criminal offense, upon a finding or plea of guilty I shall provide that information to Iron County School District. I further understand that all substitutes are classified as temporary and are therefore employed "at will" by the District. I further agree to observe all the rules, regulations and policies of the District.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

**I acknowledge that I have carefully read and understand this authorization to conduct a background and reference check. I am knowingly and voluntarily signing this authorization with the understanding that doing so affects my legal rights.**

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**Applicant Signature**