

THE CONNECTION SCHOOL OF HOUSTON

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the employment application process.

I, _____, hereby authorize The Connection School of Houston to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that The Connection School of Houston will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature

Date

Printed Full Legal Name

Date of Birth

Maiden Name or Other Names Used