



**PIKES PEAK**  
SCHOOL OF EXPEDITIONARY LEARNING

**\$12.95**

**BACKGROUND INVESTIGATION AUTHORITY**

**Paid to PPSEL**

I hereby authorize **Pikes Peak School of Expeditionary Learning** or its agent, CLEARSTAR CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

**PLEASE PRINT CLEARLY**

**Full Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*First M.I. Last*

**Current Street Address:** \_\_\_\_\_ **Apt.:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

*\*DOB and SSN is only used for identification purposes in screening inquiries*

**Driver's License State:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Best Telephone Contact #\*:** (\_\_\_\_) \_\_\_\_\_ **Email Address\*:** \_\_\_\_\_ @ \_\_\_\_\_

*\*These will only be used by SingleSource if further information is required to complete your report*

**Insurance Policy Carrier:** \_\_\_\_\_ **Insurance Policy #:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

Please list any other Names or SSN Used: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**  YES  NO

*This includes but is not limited to pleas of guilty, nollo contendere, no contest, adjudication withheld, and pre-trial intervention programs. **If YES (check here if more on reverse/attached): show details including date, charge, county, disposition on reverse. Convictions are considered based upon the type of offense, the date, whether the circumstances are relevant to the job you seek.***

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are a resident of **California, Minnesota, New York, Oklahoma** or **Washington**, you may request a copy of any "consumer report" obtained by us by indicating below:  
 **YES - please provide report copy in accordance with applicable law-** \_\_\_\_\_ (please initial)

**For Office Use ONLY**

Empty box for office use only.