

**Request for Electronic Applicant Background Check  
Billable to Maria Montessori Academy**

**Type of Background Check Required and Agency Billing Code:**

**(Please circle only one):**

\$35.00 WIN/FBI - Volunteer

B1721 (Maria Montessori Academy) – WIN/FBI

\$36.50 WIN/FBI - Employee

B1722 (Maria Montessori Academy) – WIN/FBI

Agency Authorization Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete and sign the following information before coming to the fingerprinting office. ALL INFORMATION IS REQUIRED TO BE FINGERPRINTED.**

**PLEASE PRINT.**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name (not Maiden) \_\_\_\_\_

Previously used last names (Maiden, other Married) \_\_\_\_\_

Date of Birth (YYYYMMDD): \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Gender: \_\_\_\_\_

SSN: \_\_\_\_\_

**State or Foreign** country of birth: \_\_\_\_\_

Race:   Asian                      Black                      Caucasian                      Hispanic                      Native American

**Informed consent and release of liability.**

In connection with my application for employment at Maria Montessori Academy, I hereby authorize the above named agency to review my past and present employment, education, and conduct in a criminal history background check to ascertain any and all information which may be pertinent to my qualifications. I do hereby release all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_