Entity Name: Waterloo Community School District

APPLICANT RELEASE & AUTHORIZATION

***All fields must be completed, if the answer is none, please indicate none:

Last Name	First Name	Middle Name
Date of Birth	Other Names Used (including maiden name)	Years Used
Current Address		Dates Lived Here
City	State	Zip
Social Security Number	Driver's License #	State Issued
Email address (may be used for official correspondence)		

In connection with my employment, potential employment or other lawful purpose, I understand that information provided may be investigated to verify its accuracy. I hereby authorize verification of all information in my application and as described above, from all sources of motor vehicle and criminal history record, or any part thereof. I authorize any duly authorized agent of WhatsTheirBackground, Inc. ("WTB, Inc.") and/or IntelliCorp Records, Inc (IntelliCorp) to obtain, said records, whether the records are public or private, and including those which may be deemed to be privileged or confidential in nature. Information appearing on this release and authorization shall be used exclusively by WTB, Inc. and IntelliCorp or their customer for identification purposes and for consideration in determining suitability for employment or other lawful purpose. I certify that I have made true, correct, and complete answers and statements on my application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my employment or qualification. I agree to provide additional information that may be requested to process my application and to verify information provided by me. I authorize without reservation, any party or agency contacted by WTB, Inc. or IntelliCorp to furnish the above-mentioned information. This release and authorization is valid during the course of my employment or other lawful purpose to the extent permitted by law.

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, this document is considered my written permission to obtain information. I understand that I have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. I also understand that I am also entitled to a copy of my Rights under the Fair Credit Reporting Act upon written request.

I understand and agree that any omission, false statement, misleading statement or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Applicant Printed Name	Applicant Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature (if applicant is under age 18)	Date

PLEASE RETURN ALL THREE (3) FORMS TO: Waterloo Community School District

Iowa Department of Human Services

Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 401 SW 7th Street, Suite G, Des Moines, IA 50309-3574 or fax to 515-242-6884.

To be completed by the person requesting information:

Requester			
What's Their Background, Inc. - Fax: 515-251-5985			
Address			
1201 63rd Street			
City	State	Zip Code	Phone Number
Des Moines	IA	50311	(515) 251-5970

The information concerns:

Name (first, middle initial, last)			
Maiden Name or Alias (if applicable)	Birth Date		Social Security Number
Address			
City	State	Zip Code	County

What is the purpose of your request for dependent adult abuse information?

Potential Employment

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

Signature (WTB, Inc.)	Date

To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:

Signature (Applicant)	Date

To be completed by the Central Abuse Registry or designee:

- ☐ The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- ☐ The person named above is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- ☐ This request for information is denied because the form is incomplete.

Signature	Date

Comments:

PLEASE RETURN ALL THREE (3) FORMS TO: Waterloo Community School District

Iowa Department of Human Services

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, 401 SW 7th Street, Suite G, Des Moines, Iowa 50309-3574.

PART A: ***To be completed by the person requesting information.***

1. Requester: What's Their Background, Inc. - Fax:515-251-5985
   Address: 1201 63rd Street
   City: Des Moines | State: IA | Zip Code: 50311 | Phone Number: (515) 251-5970
2. The information concerns:
   Name (first, middle initial, last)
   Maiden Name or Alias (if applicable) | Birth Date | Social Security Number
   Address
   City | State | Zip Code | County
3. What is the purpose of your request for child abuse information?
   Potential Employment
4. I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.
   Signature (WTB, Inc.) | Date

PART B: ***To be completed by the person authorizing the Department of Human Services to release child abuse information.***

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.

Signature (Applicant) | Date

PART C: ***To be completed by the Central Abuse Registry or designee.***

1. ☐ The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2. ☐ The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3. ☐ This request for information is denied because the form is incomplete.

Signature | Date

Comments