

# APPLICANT'S AUTHORIZATION STATEMENT

(Please indicate that you have read and that you understand each paragraph of the Applicant's Authorization Statement by placing your initial beside each paragraph.)

## Initials

\_\_\_\_\_ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to these investigations and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If *Providence Classical School* decides to obtain a consumer credit report, I understand that *Providence Classical School* will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

\_\_\_\_\_ I hereby release all parties, including but not limited to *Providence Classical School*, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action *Providence Classical School* takes on the basis of such information.

\_\_\_\_\_ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizens status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment at will and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by *Providence Classical School*. I further understand that statements that may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that *Providence Classical School* has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of *Providence Classical School*, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

\_\_\_\_\_ I understand that, upon employment, I may be required to sign an agreement relating to confidential information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date