

Memphis Oral School for the Deaf

Background Check Information

Applicant Waiver

Agency ORI TNCC79058

Date _____

I am applying for employment or a volunteer position with Memphis Oral School for the Deaf. By completing this form and signing this waiver, I am agreeing to the release of any and all of my criminal history that may be in the TBI and FBI criminal database.

First _____ Initial _____ Last _____

Address _____ City _____ St _____ Zip _____

Cell # _____ Email _____

DOB _____ Place/Birth _____ SSN _____
City State

Sex _____ Race _____ Country of Citizenship _____

Eye Color _____ Hair Color _____ Height _____ Weight _____

Driver's License # _____ State _____

Applicant Signature _____ Date _____