Emereau: Bladen Charter - Field Experience
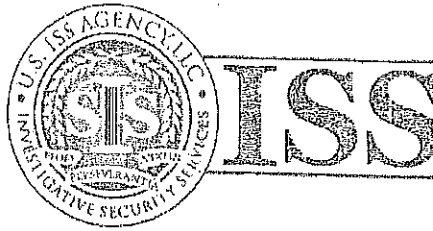
1. Complete and submit the following documents:
   a. Emereau: Bladen Charter Background Check form

2. Click here to learn more about [Emereau: Bladen Charter](#)

3. Submit all completed documents through the Microsoft Form link available on the Field Experience website.
4. Placement confirmations will be provided by the Office of Educator Engagement and Student Success and reflected in the Brave Educator Dashboard. Be sure to check the dashboard regularly for updates.

Questions? Please contact the Director of Educator Engagement and Student Success, Dr. Kamina Fitzgerald, kamina.fitzgerald@uncp.edu

CONSUMER REPORTS RELEASE

In consideration of my prospective employment/membership or continued employment/membership, I (Print Full Name)

_____understand that consumer reports or investigative consumer reports on my fitness for employment and character may be requested and/or obtained. These may include but are not limited to consumer credit information, criminal records, driving records, education transcripts and records, prior employment verification, workers compensation claims, civil court records, and other pertinent information. These reports may include information about my work experience, including reasons for separation from past employment. Further, I understand that various federal, state, and local agencies may be contacted for information about my past activities.

I hereby authorize without reservation, any party or agency contacted by _____ or its agent, to furnish the above-mentioned information.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment.

PRINT FULL LEGAL NAME: (First) _____

                       (Middle) _____

                       (Last) _____

List all previous names used (e.g., maiden name, aliases):

_____

Current Address:_____

City_____ State_____ ZIP_____

List all states in which you have resided during the previous seven years

_____

Driver's License Number _____

Driver's License State _____

Social Security Number _____

Date of Birth _____
              Month   Day   Year

Signature_____ Date_____