



Human Resources
1445 Education Way
Port Charlotte, FL. 33948
TELEPHONE: (941)255-0808
FAX: (941) 255-7569

***LEVEL II CLEARANCE
CONTRACTED SERVICES***

PLEASE PRINT

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Date of Birth _____ Place of Birth _____ Height _____ Weight _____
(State-USA or Country)

Employer _____ Position _____

I understand that the results of the background check may be shared with any other school districts with which I am contracted.

Signature

Date

Human Resources Use Only

Fingerprints _____ Level II Clearance Badge _____

County of Clearance _____ Date of Clearance _____

Payment \$ _____

Method of Payment: ___ money order ___ cash ___ check

Date: _____ HR employee initials: _____