



**KNOX COUNTY SCHOOLS
HUMAN RESOURCES DEPARTMENT**

SECURITY BACKGROUND CHECK

Full Name _____

Maiden Name _____

Other Names Used _____

Social Security Number _____-_____-_____

Date of Birth _____ Race _____ Sex _____

College/University _____

The following to be completed by Human Resource Personnel Only

<input type="checkbox"/> Substitute Teachers
<input checked="" type="checkbox"/> Clinical Placement Students (Student Teachers, Interns, Observations, etc.)
<input type="checkbox"/> Teacher/Certified
<input type="checkbox"/> Classified Employee (School Secretary/Bookkeeper/TA)
<input type="checkbox"/> Other _____

Results:

<input type="checkbox"/> No Records Found
<input type="checkbox"/> See Attached Results

Employee performing background check

Date

Alicia Glenn
Requested by

Date