

TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA

Attn: Human Resources
2500 North Lincoln Boulevard
Oklahoma City, OK 73105
Phone: (405) 521-2387
FAX: (405) 522-0633
Web: www.ok.gov/TRS

**AUTHORIZATION FOR BACKGROUND
INVESTIGATION AND RELEASE OF LIABILITY**



**TEACHERS' RETIREMENT
SYSTEM OF OKLAHOMA**

This form will be retained as confidential information by Human Resources to assist with the background check of the applicant. If you have been offered an interview, please complete this form and bring it with you to your scheduled interview. Completion of this form is not necessary if you have not been offered an interview.

I hereby authorize the Teachers' Retirement System of Oklahoma to verify the information I have provided in my employment application, in my oral statements and in any other documents or supplemental information I have provided to this agency for the purposes of employment. This shall include the authorization to conduct any and all personal background checks, including but not limited to, criminal history and related records, education and employment background and records, civilian and military court records and/or proceedings.

I certify that all information I have supplied to the Teachers' Retirement System in my application and in any other form, oral or written, is true and accurate. I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered.

I realize that any criminal history may bar employment with the Teachers' Retirement System. I further understand that nothing in my application is intended to imply or create an employment relationship or contract for employment.

I hereby release from liability and hold harmless the Teachers' Retirement System and its employees, along with any organization or individual providing information to the Teachers' Retirement System, from any and all causes or action accrued to me as a result of such disclosure of information concerning me.

I understand that a copy of this document shall have the same legal significance as the original. *(The applicant, regardless of the delivery method, must sign this form on the appropriate signature line. This form must be submitted by FAX, mail or personal delivery. E-mail connection is not secure.)*

Signature Required

Date

STATISTICAL DATA The Teachers' Retirement System of Oklahoma adheres to equal employment opportunity/affirmative action guidelines set forth by state and federal laws. This information is sought to assist us in complying with these guidelines and to provide statistical data to appropriate state and federal agencies. **It will not be used in any way to discriminate against any applicant for employment.**

PLEASE PRINT

Name: (last)			(first)	(middle)
Maiden or previous name:		Other known names if any:		
Social Security Number:		Date of Birth:		
Race:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If offered employment, you will be required to provide documentation to verify eligibility.)</i>
Have you ever been convicted of a crime other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.
<i>(Convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.)</i>