

Carter G. Woodson School (CGWS)
437 Goldfloss Street, Winston Salem, NC 27127
336-723-6838 * Cartergwoodsonschool.org

CRIMINAL BACKGROUND CHECK CERTIFICATION

CGWS Board of Directors and Administration has adopted a policy requiring background checks under G.S. 115-C-332, mirroring the local LEA/PSU policy requiring an applicant to be checked for criminal history. The CGWS board of directors shall apply its policy uniformly in requiring applicants for employment to be checked for employment history. The CGWS board of directors may employ an applicant conditionally while the board checks the person's criminal history and decides based on the check results. The CGWS board of directors shall indicate, upon inquiry by any other local board of education, charter school, or regional school in the state as to the reason for an employee's resignation or dismissal, if an employee's criminal history was relevant to the employee's resignation or dismissal.

Employees, volunteers, and contractors who interact directly with children of CGWS may not begin providing services until criminal background checks have been completed and cleared or may be hired/contracted conditionally until such clearance is noted herein.

Employees must abide by the criminal history check verification consisting of the following requirements:

In connection with my application for employment with Carter G. Woodson School, I understand that CGWS may now, or at any time while employed, conduct an investigative consumer report containing information on my character, general reputation, personal characteristics, or mode of living. Statewide criminal checks may include all states in which the employee/volunteer or contractor lives or has lived for the previous five (5) years. I know I have a right to request the nature and scope of the investigative report from CGWS.

I understand that if I am arrested, charged, or convicted of a crime as indicated above during the contracted services, I must notify the CGWS school administration immediately within 24 hours.

I hereby authorize CGWS, or its agents, to contact any corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city-state-county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company which this form has been filed.

I understand that a Photostatic copy of this Authorization will be considered adequate and valid as an original.

Initial here if you wish a free copy of this report mailed to the address you supplied: _____

Required Data – Please print clearly

Full Name:

Last First Middle

Maiden/Other: _____ Dates Uses: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Personal Address:

Street City State Zip

List additional addresses for the past 5 – 7 years:

Prior Address: _____ How long _____
Street City State Zip

Prior Address: _____ How long _____
Street City State Zip

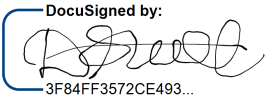
Prior Address: _____ How long _____
Street City State Zip

Prior Address: _____ How long _____
Street City State Zip

Prior Address: _____ How long _____
Street City State Zip

Date: Print Name Signature

Amended by CGWS Board Chair/Designee:  Date: 2/16/2025

Amended by CGWS Administrator:  Date: 2/18/2025