



# First Coast Christian School

7587 Blanding Blvd. ♦ Jacksonville, FL 32244  
(904) 777-3040 ♦ Fax (904) 777-3045  
Ministry of First Coast Baptist Church  
www.fccsjax.org

## Teacher Application Authorization for Release of Information

### Consent for Reference

I have applied for employment with First Coast Christian School and have provided information about my previous employment. My signature below authorizes my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to First Coast Christian School, whether the information is positive or negative.

I authorize First Coast Christian School to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history.

I knowingly and voluntarily release all former and current employers, references, and First Coast Christian School from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with First Coast Christian School.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Applicants Printed Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this authorization with your completed application to the school office.**