



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 \_\_\_\_\_

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 \_\_\_\_\_ Renewal \_\_\_\_\_ Level II Clearance Badge \_\_\_\_\_

County of Clearance \_\_\_\_\_ Date of Clearance \_\_\_\_\_

Payment \_\_\_\_\_

Method of Payment: \_\_\_ money order \_\_\_ cash \_\_\_ check

Date: \_\_\_\_\_ HR employee initials: \_\_\_\_\_