

**Grapeview School District**  
**Applicant Release of Background and Reference Check**

I authorize Grapeview School District to make an investigation of my personal, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Grapeview School District with any information they have regarding me. I hereby release and discharge the Grapeview School District and all of those who provide verification of my certification, education, and experience. References and other information which become a part of this application will be regarded as confidential and shall not be returned to me. I certify that all the information contained in this application is true, correct, and complete. I agree that if I have provided false, misleading, or incomplete information, the Grapeview School District may, in its sole discretion, terminate my employment. I understand that by signing below I consent to such examinations, and that as a condition of employment, a background investigation will be conducted including but not limited to a Washington State Patrol criminal history check per RCW 43.43.830 through 43.43.845.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form to:**  
**Tracy Arkin, Administrative Assistant**  
**Grapeview School District**  
**822 E Mason Benson Rd.**  
**Grapeview, WA 98546**  
**Phone: (360) 426-4921 or 275-4921**  
**Fax: (360) 427-8975**