F915 C

BACKGROUND VERIFICATION AUTHORIZATION

APPLICANT—PLEASE COMPLETE THE SECTION BELOW & SIGN
(If you are not selected for the position, this form is shredded and not retained in our files.)

I, _____ _____ _____
Last Name First Name Middle Name

_____ _____
Current Address City St. Zip Code Dates Lived Here

_____ _____ _____
Other Names Used (including maiden name) Years Used Social Security Number

*Date of Birth: ___/___/___ Check one: _____ Male _____ Female
*Note: The above information is required for identification purposes only, and is in no manner used as qualification for employment.

Please list addresses and dates for the past seven (7) years:

Previous: _____

Previous: _____

Previous: _____

do hereby authorize Boys & Girls Clubs of the East Valley to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records in accordance with ADA, labor and wage records, etc. or part thereof, and authorize any duly authorized agent of our background check vendor to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by our background check vendor for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by our background check vendor to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications.

I have the right to make a request to our background check vendor upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which our background check vendor has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

I release Boys & Girls Clubs of the East Valley and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment is contingent on a satisfactory background investigation. I also understand that this form will not be kept in my permanent file if I am employed. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

_____ _____ _____
Printed Name Applicant Signature Date