

APPLICANT RELEASE AUTHORIZATION

Company: Deerfield Community Center Position: _____

(APPLICANT, PLEASE COMPLETE ALL OF THE FOLLOWING)

NAME: (LAST) _____

(FIRST) _____ (MIDDLE) _____

MAIDEN (or other) NAME(S): _____ (yrs) FROM _____ TO _____

_____ (yrs) FROM _____ TO _____

DL#: _____ STATE: _____ EXP DATE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

(For ID purposes only)

In consideration of and connection with my application for employment (including contract for services, if applicable) and as a consideration of continuing employment, I understand that an investigative background inquiry will be performed on myself, including, but not limited to, criminal record history, civil records history, driving record history, employment history and other such reports that may exhibit information on my character, work habits, performance, education and experience, along with reasons for termination of employment from previous employers, where such information exists. Information will be researched and reported in accordance with the Fair Credit Reporting Act to the extent it is applicable.

I hereby authorize, without reservation, the above named company and the directors, officers, employees, and agents of the foregoing, and any party or agency contracted by above named company and their directors, officers, employees, and agents, as a condition precedent to employment or as a condition of continuing employment, to contact any of my previous employers or to contact schools, companies, consumer reporting agencies, law enforcement agencies, government agencies, persons, educational institutions and any other pertinent parties to supply any information concerning my background and to furnish the above listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. I further agree to hold harmless all parties involved for any errors and/or omissions with regard to information reported. This authorization and consent shall be valid in original, fax or copy form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct. I have read and fully understand all of the terms of this release. I understand and agree that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

APPLICANT'S

SIGNATURE: _____ DATE: _____

CURRENT ADDRESS: (Street # & Street Name) _____

(City, State & Zip) _____

(Years lived at this address) _____ Yrs. of occupancy: from _____ to _____

HOME PHONE: _____ CELL PHONE: _____

PREVIOUS ADDRESS(ES) (Last 7 yrs): (Include Street name, City, State, & Zip code)

1) _____ Yrs. of occupancy: from _____ to _____

2) _____ Yrs. of occupancy: from _____ to _____

3) _____ Yrs. of occupancy: from _____ to _____

4) _____ Yrs. of occupancy: from _____ to _____

5) _____ Yrs. of occupancy: from _____ to _____