

CONFIDENTIAL Background Check Authorization

Print Name:				
(First)		(Middle)	(Last)	
Former Name(s) and I	Dates Used:			
Current Address Since	e:			
	(Mo/Yr)	(Street)	(City)	(State/Zip)
Previous Address Sind	ee:			
	(Mo/Yr)	(Street)	(City)	(State/Zip)
Previous Address Sind				
	(Mo/Yr)	(Street)	(City)	(State/Zip)
Date of Birth:				
Social Security Numb	er:			
Telephone Number: _				
Driver's License Num	ber/State: _			
Email Address:				
The information conta	ined in this	application is correct	to the best of my knowl	edge.
comprehensive review of a generated for employment report/investigative consum- security number; current a	my background and/or volunt mer report may nd previous re ninal history re	d causing a consumer reported causing a consumer reported for purposes. I understandly include, but is not limited sidences; employment his ecords from any criminal j	agents and representatives to ort and/or an investigative cond that the scope of the consumed to the following areas: vertory, education background, ustice agency in any or all feecords.	nsumer report to be mer ification of social character references;
verbal or written, pertaining release of any records or domay have, to include infor designated agents and representations.	ng to me, to Cl ata pertaining mation or data resentatives sh er to protect the	nildren First for Oregon to me which the individual received from other source all maintain all information ne applicants personal info	oublic agency to divulge any or its agents. I further authout al, company, firm, corporationes. Children First for Oreon received from this authorizormation, including, but not l	rize the complete n or public agency gon and its cation in a
Signature:			Date:	