



CRIMINAL BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

If living at the addresses above for less than 7 years (combined), a third address required.

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Drivers License Number: _____ State: _____

The information contained in this form is correct to the best of my knowledge and any false information is automatic grounds of dismissal. I hereby give my consent for U-Turn Human Services, Inc. to run random Criminal Background checks of my record prior to, and/or after my employment, or regarding any suspensions or reports that may be brought to the Agency's attention in the future.

Employee Signature: _____ Date: _____