

CRIMINAL BACKGROUND CHECK

Authorization Form

Please fill out information below clearly and legibly.

Full Name: _____

Former Names and Dates Used: _____

Address: _____

City, State, ZIP: _____

Social Security Number: _____

Driver's License Number (*provide copy*): _____ Expiration Date: _____

Date of Birth: _____ Male Female

Race/Ethnic Origin: _____

Telephone Numbers: Home: _____ Work: _____

Employer Name: _____

I acknowledge that my employment is contingent upon the results of a background check conducted by the fiscal intermediary. Therefore, I authorize release of my criminal background information to my employer and to the Host Agency (Community Mental Health for Central Michigan) acting as project administrator, and to the fiscal intermediary, which serves as my employer's employment agent. I do hereby release all persons, organizations and government agencies from any damages of, or resulting from, furnishing such information. I have read and understand the foregoing and my certification is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____