Criminal Background Check Authorization Form

I authorize PACIFIC YOUTH & COMMUNITY DEVELOPMENT and Trusted Employees, to conduct a criminal background investigation as part of its volunteer screening and/or selection process. This information in part or in whole will be provided to the school in the form of a report provided by Trusted Employees.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to organizations, federal, state, or county level agencies, insurance sources, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that following my employment or volunteer term should any statements or answers be found to be false or information has been omitted, such false statements or omissions will be just cause for termination of my employment or volunteer term.

I further acknowledge that the facsimile (FAX) or photocopy of the document shall be valid and accepted with the same authority as the original. If retained by the above referenced organization this authorization will remain in effect throughout my employment or volunteer term.

Signature:

Date:

SSN:	Printed Name:	
DOB:		
G	s required for prospective employer vehicle on the program's behalf:	ees or volunteers who may be
I authorize an investiga	tion into my driving history with the	e Office of Motor Vehicle.
	ion will be used as identification punckground investigation.	
Street Address City State Zip during the previous 7 years:	Code List any other cities and state	es in which you have lived
List any other Last Names y	ou have used during the previou	s 7 years:
If a Office of Motor Vehicle Ch	necks is to be complete please provi	de:
Driver's License Number	State of License Expires On	Telephone