

National Background Check Consent and Release Waiver
LEISURE LAKE CONDOMINIUM ASSOCIATION
10001 GOODALL ROAD, DURAND, MICHIGAN 49429

APPLICANT'S LEGAL NAME (PRINTED)

FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

APPLICANT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE NUMBER: _____

ISSUING STATE: _____ EXPIRATION DATE: _____

I, _____ authorize and give consent to the Leisure Lake Condominium Association to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing, from web based agencies, or via telephone in connection with my application or employment assignment. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing Leisure Lake Condominium Association my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employment assignment with Leisure Lake Condominium Association.

I, the undersigned, will provide my valid driver's license for verification that the above information is correct.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____