CRIMINAL HISTORY CHECK AUTHORIZATION
FOR JOB APPLICANTS, EMPLOYEES AND VOLUNTEERS

APPLICANT NOTIFICATION

This is used to inform you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment as an applicant or, if applicable, for the purpose of evaluating you for promotion, reassignment or retention as an employee during the tenure of your employment with this company.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

DISCLOSURE

As part of the employment process the Sisters Park and Recreation District (SPRD), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with SPRD, I hereby authorize BIO-MED/ Choicepoint Services Inc., on behalf of SPRD, to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

_____ _____

Applicant/Employee/Volunteer Name Date Signed

Other Names Used? _____

Street Address_____

City, State, Zip_____

_____

Applicant Signature

_____-_____-_____ _____

Social Security Number * Date of Birth *

- For Identification Purposes Only

_____

FOR OFFICE USE ONLY

How and who do you want to receive the information? Be aware this is confidential information and you are responsible to be sure if you want the info by FAX or e-mail that the information will be received in a secure manner.

CHECK ONE:

_____E-mail: (carrie@sistersrecreation.com)

_____FAX: (541) 549-0997

_____US Mail

Your Organization Name: Sisters Park and Recreation District

Phone Number: (541) 549-2091

Authorized Representative Name: Carrie Ward

Authorized/ Secure e-mail address: carrie@sistersrecreation.com

FAX TO:
BIO-MED/Choice Point at
503-315-8995