

Authorization for Criminal History and/or Motor Vehicle Record Check APOYO

I, _____ (print your name), hereby authorize APOYO or a third party vendor to obtain information pertaining to any criminal charges currently pending and/or convictions I have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for crimes committed upon minors. I understand that this information may be gathered from law enforcement agencies, administrators, state or federal agencies, institutions, schools or universities (public or private), information service bureaus, employers, or insurance companies to furnish any and all background information requested by IntelliCorp Records, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net. I understand that I will be given a copy of the record and an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities before any adverse action is taken. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccuracies. I further understand that until APOYO receives notification from that agency correcting any inaccuracies, any employment or volunteer assignment will be deferred. As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made regarding my criminal history, if any. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any criminal misdemeanor or felony. I understand that I do not have to disclose any sealed or expunged conviction records. I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position. I understand that conviction records are not an automatic bar to employment and will be reviewed based on their number, nature and recentness to determine suitability for the position.

SIGNATURE OF APPLICANT _____
DATE

Applicant – Please complete the section below.

Last First Middle (if none, write "none")
FULL NAME OF APPLICANT (LAST, FIRST AND MIDDLE) Please include hyphens if part of legal name.

CURRENT ADDRESS CITY STATE ZIP

OTHER ADDRESSES FOR PAST SEVEN YRS CITY STATE ZIP

(use the bottom of this form if you have more than one)

EMAIL ADDRESS

PHONE NUMBER

DATE OF BIRTH

OTHER NAMES USED (including maiden name)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER ISSUING STATE EXP DATE

TO BE COMPLETED BY ORGANIZATION: Identification verified with government issued picture identification.

DATE

TYPE OF IDENTIFICATION

VERIFIER'S INITIALS