

SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP

BACKGROUND INVESTIGATION AUTHORIZATION

The Fair Credit Reporting Act (1971) requires that we inform you that a sex offender registry criminal background investigation may be conducted as part of our program screening and selection process. This may include an inquiry to obtain information regarding your sex offender registry, The main objective of the investigation is to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided.

The items of information requested below are needed to process your background investigation.

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #
DATE OF BIRTH / /	DRIVERS LICENSE #	STATE ISSUED	OTHER NAMES USED
CURRENT ADDRESS	CITY	STATE	ZIP CODE

HOME ADDRESS FOR LAST 7 YEARS

STREET ADDRESS	CITY	STATE	ZIP CODE	FROM MO/YR	TO MO/YR

HAVE YOU EVER BEEN CONVICTED OF A SEX CRIME? YES NO IF YES, PLEASE EXPLAIN:

Year	County	State
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I AUTHORIZE SOUTH CENTRALCOMMUNITY ACTION PARTNERSHIP, THEIR AGENTS TO INVESTAGATE MY BACKGROUND AS IT PERTAINS TO CONSIDERATIONS. THIS MAY INCLUDE INVESTIGATIONS OF CRIMINAL HISTORY AND, PERSONAL/PROFESSIONAL REFERENCE, LICENSES AND INFORMATION CONTAINED IN PUBLIC RECORDS AND CRIMINAL. I RELEASE ALL PERSONS, COMPANIES OR CORPORATIONS FURNISHING SUCH INFORMATION FROM LIABILITY AND RESPONSIBILITY. A PHOTOSTAT COPY OF THIS DOCUMENT MAY BE SUBSTITUTED FOR THE ORIGINAL.

PRINT FULL NAME _____

DATE _____

SIGNATURE _____