The HOPE INSTITUTE for Children and Families

CONSENT FOR RELEASE OF CONSUMER INFORMATION

In connection with my application for employment with The Hope Institute, I hereby authorize the release of consumer information, which includes but is not limited to criminal history, driving records, education and employment records. I understand that the consumer and criminal history check will involve providing The Hope Institute with my date of birth, social security number, home address, sex, race and driver's license number.

I release The Hope Institute and its officers, agents and employees of all liability resulting from the disclosure and use of the information received as a result of these inquiries.

PLEASE PRINT

NAME_____
Last **First** **Middle**

OTHER NAMES IN WHICH RECORDS MAY APPEAR _____

DATE OF BIRTH _____ **SSN**_____
mm/dd/yy

DRIVERS LICENSE # _____ **STATE**_____

SEX _____ **VALID CODES FOR SEX:**
Male ……...M
Female ……...F

RACE _____ **VALID CODES FOR RACE:**
White……W
Black……..B
Asian/Pacific Islands…….A
American Indian/Alaskan..I
Unknown……...U

ADDRESS _____
Street Address

_____
City **State** **Zip**

_____ _____
APPLICANT/EMPLOYEE SIGNATURE **DATE**

Sangamon County Background Check

Date Conducted: _____
Findings:

Conducted by: _____

For HR Use: Date _____
Ref# _____