



Background Check Authorization

I am advised that the position that I am applying for involves supervisory or disciplinary power over minors and individuals with disabilities. The Laurel Foundation is authorized under Penal Code section 11105.3 to have access to records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person in a position in which he or she would have supervisory power over a minor. The Laurel Foundation will not select any applicant for a position involving supervisory or disciplinary power over minors who has been convicted of a crime listed in Penal Code Section 11105.3. **INITIAL** _____

Full Legal Name:

(Please print clearly) Last First Middle

Date of Birth: _____
 Month Date Year

Social Security Number: _____

E-Mail Address: _____

I, _____, expressly authorize The Laurel Foundation Foundation, Inc. to complete a criminal records check on me using the information provided above.

Signature of Applicant _____ Date _____



RELEASE FOR BACKGROUND CHECK

In connection with my employment by and/or voluntary association with The Laurel Foundation, I hereby authorize you, any investigative agency, and your and its agents and assignees to conduct any background check of me as you deem appropriate in your sole discretion and agree to sign any documents you reasonably deem necessary to authorize third parties to release information in connection with such background check.

In accordance with the Fair Credit Reporting Act, the Privacy Act (5 USC 552a), and the Freedom of Information Act, I expressly authorize you and your investigative agency, and your and its agents and assignees, to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment by and/or voluntary association with The Laurel Foundation, and I further authorize the references I have listed and provided to you to disclose to you and your investigative agency and your and its agents and assignees, any and all letters, reports, and other information related to my employment, academic history, and mode of living, without first giving me prior notice or other disclosure.

If relevant, I also authorize the National Personnel Records Center or other custodian of my military service and fitness records to release to you and your investigative agency, and your and its agents and assignees the following information and/or copies of my military service record to include branch of service, years of service, rank held at separation, all disciplinary action and discharge status.

I understand that the relevant background checks will only be conducted after I've satisfactorily passed the interview and reference check stage of the screening process, and that my acceptance after the background checks is still contingent on satisfactorily completing the required mentor training.

Signature

Printed Name

Social Security #

Date