



Legal Aid for Arkansans



714 South Main, Jonesboro, AR 72401 · bmiles@arlegalaid.org
1-800-967-9224 ext 6306 · Fax (870) 910-5562

Criminal Background Check Authorization Form

Name: _____
(Last) (First) (Middle)

Other Names Used: _____

Current Address: _____

City, State, ZIP: _____

Social Security Number: _____ Date of Birth: _____

There is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification from AmeriCorps service.

In connection with my service with the Legal Aid for Arkansans project, I hereby authorize the Legal Aid for Arkansans project to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. I understand that my ability to serve as an AmeriCorps member with the Legal Aid for Arkansans project is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will result in the revocation of any position offered to me or accepted by me. I acknowledge that the State criminal registry check may be shared with the Site Supervisor if necessary. The member is entitled to receive and review the information obtained, upon request.

I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification or termination from the Legal Aid for Arkansans project.

Applicant signature: _____ Date: _____