

## Background Verification Release Form

**AGENCY INFORMATION: Agency Use Only**

Date	Agency Name: <b>Community Council of Greater Dallas</b>		
Contact Name: <b>Human Resources Manager</b>			
Agency's Main Phone Number: <b>(214) 871 - 5065</b>		Agency's Fax Number: <b>(214) 879-0742</b>	

**APPLICANT INFORMATION:**

Applicant's Full Name (Last, First, MI)					
Current Address: (If less than 1 year complete previous address)		City	State	Zip Code	County
Previous Address (Past 7 years):		City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Position :					

I hereby authorize Employment Screening Services and its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any individual, Corporation, Partnership, Law Enforcement Agency and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at anytime. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge Employment Screening Services and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain formation about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to Employment Screening Services for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)