

HELEN M. PLUM MEMORIAL LIBRARY

CRIMINAL BACKGROUND CHECK

WAIVER AND RELEASE OF ALL CLAIMS DISCLOSURE

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, workers compensation, and other reports. This information will, in whole or in part, be obtained from Background Resources, Inc. (BRI). These reports will include information as to my character, work habits, wage/salary, any information reported in my file, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, criminal, workers comp, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize and consent for full release of records (either orally or in writing), without reservation to any party or agency contacted by this employer to furnish the above-mentioned information. I release and hold harmless any individual, corporation, private or public entity from any and all causes of action that might arise from furnishing to the Employer and/or BRI information that they may request pursuant to this release.

A photo or faxed copy of this release will act as the original and shall be valid for this and any future reports or updates that may be requested by the Employer in connection with my employment. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOC.SEC. NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

PRINT FULL NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE LIST ANY OTHER PREVIOUS RESIDENCES FOR THE LAST 7 YEARS:

1) \_\_\_\_\_

2) \_\_\_\_\_