



## CONSENT FOR BACKGROUND CHECK OF EMPLOYEE

In order to meet funding requirements, we are required to run background checks for employees whose positions are funded in part or whole by particular grants. Signing this document below means that you understand the following:

- The organization will run three background checks as part of this process, including a check on the National Sex Offender registry, a state criminal history check and an FBI fingerprint-based check (this may not be necessary for all positions).
- Results of these checks will be viewed by the Human Resources team and the Compliance Associated for SIF. Results will be retained by the Organization in a confidential manner.
- You will be notified if your check shows a criminal history, including convictions, pending charges and/or criminal arraignments.
- Information from this check will be used to determine selection/funding eligibility for this position.

**Please print all information:**

Last	First	Middle	Maiden/Former Name(s)
Date of Birth (MM/DD/YY)	Gender	Race	Social Security #
Place/State of Residence		Place/State of Birth	
Driver's License Number	Expiration Date	State Issued	

**Dates and Places of residence for the past seven years (put current address on the first line):**

From/To	Number and Street	City	State	ZIP

I authorize the Organization to complete the necessary background checks on me in order to meet critical compliance requirements. I certify the information above is correct to the best of my knowledge.

Signature	Date
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