

KIBOIS COMMUNITY ACTION FOUNDATION, INC.

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, _____

understand that as a volunteer for KI BOIS Community Action Foundation, Inc., through the Corporation for National and Community Service, I am subject to a thorough background investigation and a satisfactory report from the Oklahoma State Bureau of Investigation (or any other acceptable source) which will meet program guidelines.

I understand that the purpose of the investigation is to reduce the potential for abuse, neglect or exploitation of service recipients.

I understand that if I volunteer for any KI BOIS Community Action Foundation Program, additional background checks, including OSBI Reports, Motor Vehicle Reports and Finger Print Based FBI Repository Checks may be requested as required by program guidelines throughout my volunteer period with KI BOIS Community Action Foundation, Inc.

I understand that my selection as a volunteer is contingent upon the results of any and all background results.

I understand that I will be given an opportunity to review and dispute any findings that may exclude me from service as a volunteer.

I also authorize KI BOIS Community Action Foundation, Inc. to contact any of my previous employers (or volunteer coordinators) and I will hold harmless any previous employer or volunteer coordinator of any statement made against me concerning my previous work and volunteer history.

Signature

Date

**991978 KIBOIS COMMUNITY ACTION CONSUMER AUTHORIZATION & RELEASE
OSBI with SEX & VIOLENT OFFENDER STAMP**

In connection with (KIBOIS COMMUNITY ACTION) considering me for employment, continued employment, promotion or reassignment, I authorize (KIBOIS COMMUNITY ACTION) and/or its agent, (KIBOIS COMMUNITY ACTION), Inc. to obtain a consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. Public record check may include but not limited to a criminal or felony background check and sex offender's registry check. I understand that a consumer reporting agency investigation may include obtaining a motor vehicle license and that we will conform to the Driver Privacy Protection Act. The applicant is required for the motor vehicle to provide a consent form and a photo I.D. before obtaining the record. Our company will retain the consent form and the results for a period of 5 years

I authorize, without reservation, any person or entity contacted by (KIBOIS COMMUNITY ACTION), or its agent, (KIBOIS COMMUNITY ACTION), Inc. to furnish the above-stated information and I release any such person or entity from any and all liability for furnishing such information. I further release (KIBOIS COMMUNITY ACTION) its affiliated companies, their officers, employees and agents, and specifically, (KIBOIS COMMUNITY ACTION), Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a Consumer Disclosure advising me that a credit report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion or reassignment as an employee.

PLEASE PRINT

NAME: _____
First Middle Last Maiden
DOB* _____ SSN# _____ - _____ DR.LIC. # _____ STATE ISSUED: _____

WHAT STATES HAVE YOU LIVED IN OVER THE PAST 3 YEARS: LIST CITY, STATE (LIST ON BACK IN NECESSARY)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ How Long? _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ How Long? _____

SIGNATURE: _____ DATE: _____

*"Date of Birth" (DOB) will be used solely for the purpose of identification in doing background checks and will not be considered in the "employment" process.

CONSUMER DISCLOSURE

~~In connection with (KIBOIS COMMUNITY ACTION) considering you for employment, continued employment, promotion or reassignment, (KIBOIS COMMUNITY ACTION) may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates.~~

~~You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.~~

~~I HEREBY ACKNOWLEDGE RECEIPT: Date _____~~

~~Print Name~~

~~X
Signature~~



occuscreen[®] LLC

The clear choice in employment screening™

APPLICANT DISCLOSURE AND RELEASE FORM

Client:

Phone:

Requested By:

SERVICES REQUESTED (Check all that apply)

- SOCIAL SECURITY TRACE, COUNTY CRIMINAL RECORD CHECK, NATIONAL CRIMINAL DATABASE, SEX OFFENDER REGISTRY CHECK, MOTOR VEHICLE REPORT

DISCLOSURE AND RELEASE

In connection with my application for employment/promotion/ (including contract for services) with you, I understand that consumer reports, which may contain public information, may be requested from Occuscreen, LLC. I authorize, without reservation, any party or agency contacted by Occuscreen, LLC or one of its agents to furnish above-referenced information.

I request a copy of the consumer report.

SIGNATURE

DATE

(If under 18) GUARDIAN SIGNATURE

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years. PRINT CLEARLY AND IN INK.

FIRST

Grid for first name

MIDDLE

Grid for middle name

(Required)

LAST

Grid for last name

SOCIAL SECURITY NUMBER

Grid for social security number

BIRTH DATE

Grid for birth date

CURRENT ADDRESS

STREET ADDRESS

APT #

CITY

STATE

ZIP

DRIVERS LICENSE

STATE

OTHER NAMES USED

(Previous 7 years only)

PLEASE PROVIDE CITY AND COUNTY INFORMATION FOR YOUR RESIDENCE COVERING A PERIOD OF SEVEN (7) YEARS BEGINNING WITH YOUR MOST CURRENT ADDRESS

CITY

COUNTY

STATE

ZIP

FROM TO

FROM TO

FROM TO

MAX THIS FORM IS THE PROPERTY OF OCCUSCREEN, LLC. OPERATIONS AT 215 W. 12th St.