

Background Investigation Consent Form

I, _____, hereby authorize Hannah Center of Bloomington, Inc. and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in my Application.

I release Hannah Center of Bloomington, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Present Address _____

Present Phone Number _____

How Long at Present Address _____

City _____ State _____ Zip _____

Former Address _____

Former Phone Number: _____

How Long at Former Address _____

City _____ State _____ Zip _____

List any other states or foreign countries lived in, worked in, or frequented: _____

Date of Birth*: _____

Social Security Number: _____

Driver's License Number: _____

State of License: _____ Expiration Date: _____

Signature of Applicant

Date

**Note: This information is required for identification purposes only, and is in no manner used as qualifications for employment or volunteer activities. Hannah Center of Bloomington, Inc. abides by all applicable state and federal employment laws.*