

Urban Impact of Black Rock



Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize **Urban Impact of Black Rock** and/or its agents to make an independent investigation of my background, references, character, past employment, education, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my volunteering services **Urban Impact of Black Rock**.

I release **Urban Impact of Black Rock** and 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:

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth: ____/____/19____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)

Yes / No - If Yes, please explain: _____

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Yes / No - If Yes, please explain: _____

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

Yes / No - If Yes, please explain: _____

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes / No - If Yes, please explain: _____

5. As of the date of this authorization, do you have any pending criminal charges against you?

Yes / No - If Yes, please explain: _____

Driver's License Number: _____ State of License: _____

Signature of Applicant / Date

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www.urbanimpactct.org