

Form #3

Children, Youth, and Vulnerable/Older Adult Worker Authorization for Criminal/Court Records Check

Release Authorization

In connection with my application for placement, I understand that an investigative report will be requested that will include information as to my character, work habits, performance, and experience, along with reasons for disciplinary action or termination of past employment. I understand that as directed by policy and consistent with the job described, you may be requesting information from public and private sources about my: criminal record, driving record, education, and previous employment.

The fact that applicants have a criminal record will not be an automatic bar to employment or work as a volunteer. Factors such as age at the time of the criminal offense, seriousness and nature of the violation, time elapsed, and subsequent rehabilitation will be taken into account.

I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies, including the Missouri Department of Labor.

I hereby authorize, without reservation, any law enforcement agency, court, institution, information service bureau, school, employer, or other organization or person contacted by the employer or its agent to furnish the information described above.

Signature

Print your full name

Today's Date

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used

Home Address

City

State

Zip

Social Security Number

Date of Birth

Driver's License Number

Name as it appears on license

State Issuing License