

Authorization of Background Investigation

By my signature below, I consent to preparation of background verification checks by *Knoxville-Knox County Community Action Committee AmeriCorps*, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting *Knoxville-Knox County Community Action Committee AmeriCorps* program in making a determination as to my eligibility for employment and/or national service (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the *Knoxville-Knox County Community Action Committee AmeriCorps* hires me or contracts for my services, my consent will apply, and the *Knoxville-Knox County Community Action Committee AmeriCorps* may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic form, will be valid for any background reports that may be requested by or on behalf of the *Knoxville-Knox County Community Action Committee AmeriCorps*.

By my signature below I understand that eligibility to serve with the *Knoxville-Knox County Community Action Committee AmeriCorps* is contingent upon successful background checks including: clearance of the national sex offender registry, state criminal history check, and FBI fingerprint based check. I understand if convicted of murder or I am required be registered as a sex offender I am ineligible to work or serve with *Knoxville-Knox County Community Action Committee AmeriCorps*.

Applicant Name: Last _____ First _____ Middle _____
Applicant Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR BACKGROUND VERIFICATION

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

*Social Security Number: _____ *Date of Birth: _____ *Gender _____

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

Daytime Phone Number: (____) _____ E-mail Address: _____

** This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.*