

Information/Disclosure Release

THE MASONIC HOME FOR CHILDREN AT OXFORD

(919) 693-5111

Fax (919) 693-2479

The purpose of this agreement form is to inform you that as part of our procedure for processing your employment application, an outside agency will make an investigative report and present it to us for review. The report may include a Criminal Background Search, Driving Record Check, Sexual Offender Registry Search, and Credit Check. By signing this document you are releasing any and all persons, companies, agencies, or others from liability resulting from you background investigation.

Applicant/Employee Signature: _____ Date: _____

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME	_____ MAIDEN NAME
_____ SOCIAL SECURITY #	_____ DATE OF BIRTH	_____ SEX	_____ RACE
_____ DRIVER'S LICENSE #	_____ STATE	_____ ISSUE DATE	

NOTE: INDICATE BELOW WHERE YOU HAVE LIVED FOR THE PAST TEN YEARS

CURRENT ADDRESS: _____
YRS ____ MOS ____ STREET ADDRESS CITY STATE ZIPCODE

PREVIOUS ADDRESS: _____
YRS ____ MOS ____ STREET ADDRESS CITY STATE ZIPCODE

PREVIOUS ADDRESS: _____
YRS ____ MOS ____ STREET ADDRESS CITY STATE ZIPCODE

PREVIOUS ADDRESS: _____
YRS ____ MOS ____ STREET ADDRESS CITY STATE ZIPCODE

PREVIOUS ADDRESS: _____
YRS ____ MOS ____ STREET ADDRESS CITY STATE ZIPCODE

FOR PERSONNEL USE ONLY

<input type="checkbox"/> STATE WIDE CRIMINAL RECORDS STATES TO SEARCH: _____	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> COUNTYWIDE CRIMINAL RECORDS COUNTIES TO SEARCH: _____	<input type="checkbox"/> EMPLOYMENT VERIFICATION
<input type="checkbox"/> FEDERAL CRIMINAL RECORDS DISTRICTS TO SEARCH: _____	<input type="checkbox"/> PERSONAL REFERENCES
<input type="checkbox"/> DMV REPORT	<input type="checkbox"/> SS# VERIFICATION
<input type="checkbox"/> ADDRESS VERIFICATION	<input type="checkbox"/> CREDIT REPORT
<input type="checkbox"/> OTHER: _____	