

Authorization / Release Form

I hereby authorize Making A Difference Foundation and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for employment purposes. If a consumer report is obtained with your consent, the report will be obtained by the following consumer reporting agency:

SOUND SCREENING SERVICES, INC. P.O. BOX 111088, TACOMA, WA 98411-1088
(253) 472-7336

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, employment history, general reputation, personal characteristics, or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Making A Difference Foundation or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Employer reserves the right to refuse to consider any application unless all questions are answered completely and honestly.

Print Name: _____
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security #: _____ Date of Birth: _____

Telephone number: (____) _____ Drivers' Lic. #/State: _____

College: No ___ Yes ___ Name of College: _____

Location: City _____ State _____

Dates Attended: _____ Graduation Date: _____ Degree: _____

Convictions - Any illegal drug activity: Yes ___ No ___ Any felonies: Yes ___ No ___

Please explain any convictions / incidents: _____

Signature: _____ Date: _____