CONFIDENTIAL

Background Check Authorization

LINC North Texas is concerned about protecting our children. We therefore require all employees of LINC NT and all volunteers with children to have a background check for any crimes committed against children.

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

Former Name(s) and Dates Used: _____

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

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

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

Social Security Number: _____ DOB: _____

Telephone Number: _____ State / DL#: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize LINC North Texas and its designated agents and representatives to conduct a comprehensive review of my background. 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; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions; driving records; birth records, and any other public records. These checks may be performed at any time during the scope of my work with LINC NT.

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 LINC North Texas 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.

I hereby release LINC North Texas, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____