

## BACKGROUND CHECK DISCLOSURE & AUTHORIZATION\* Form Date: 091620

\* This form is collected during the interviewing process. It will not be processed if you are not in consideration for an offer of employment. In which case, document will be shredded.

Name:			
(First)	(Middle)	(Last)	
Former Name(s) and Dates Used:			
Current Address Since:			
(Mo/Yr)	(Street)	(City)	(Zip/State)
Social Security Number:	Date of Birth:		
Telephone Number:		_	
PERSONAL INFORMATION DISCLO	OSURE:		
Have you ever been convicted of a colf yes, please state the nature of the o			

## **AUTHORIZATION SECTION:**

I hereby authorize the Sangre de Cristo Arts & Conference Center, Inc. and its designated agents and representatives to conduct a comprehensive review of my background and qualifications. I understand that the scope of this background check 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; credit history, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the *Sangre de Cristo Arts & Conference Center, Inc.* 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.

The Sangre de Cristo Arts & Conference Center, Inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants' personal information. The criminal history information and possibly any other background information which will be accessed by this search pursuant by your authorization, is considered private data. Your signature below shall be deemed to be an informed, consented release for this information.

I hereby release the Sangre de Cristo Arts & Conference Center, Inc., and its designated agents 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.

You have the right to be informed:

- That a criminal background check is being conducted to determine if you have been convicted
- On the results of the criminal background check and to obtain a copy of those results from the agency who
  conducted the search.
- That you may obtain any records, by written request to the agency that conducted the search.

Signature: _	Date:
_	