

**ANEW Place
Background Check Authorization Form**

Print Name: _____
 First Middle Last

Former Name(s) and Dates Used: _____ Maiden name: _____

Current Address: _____
 Street City State Zip Code

How long have you been at your current address? _____

Previous Address: _____
 Street City State Zip Code

Date of Birth: _____
 Month Day Year

Social Security Number _____

Current Phone Number _____

The information contained on this form is correct to the best of my knowledge. I hereby authorize ANEW Place and its designated agents and representatives to conduct a review of my background for employment and/or volunteer purposes. I understand the scope of this background check is criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to ANEW Place 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 ANEW Place and its agents, 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