

CRIMINAL RECORD CHECK

Consent to the Obtainment of Criminal Background Check

Community Living Network has my consent to conduct a criminal background check on behalf of _____, who has given me a good faith offer of employment. I agree to provide personal identification necessary to conduct the criminal background check.

Print Name: _____
Employee

Employee Signature

Date

Employer/Witness

Date

INFORMATION NEEDED:

Employee's Full Name _____

Date of Birth _____

Social Security Number _____

Michigan Driver's License Number _____

Sex ___ M ___ F

Race _____