

OFFICE USE ONLY:

DATE OF CHECK:

NOTES/COMMENTS:





(DATE mm/dd/yyyy)

NO

APPROVED?

YES

Geneva Community Center

EMPLOYMENT / VOLUNTEER BACKGROUND CHECK FORM

THE INFORMATION REQUESTED IS FOR INFORMATIONAL PURPOSES ONLY AND IS IN NO MANNER USED AS QUALIFICATION FOR

EMPLOYMENT/VOLUNTEERING. THE BOYS & GIRLS CLUB/GENEVA COMMUNITY CENTER IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, RELIGION, AGE (40 AND OVER), HANDICAP OR NATIONAL ORIGIN.				
I, AND GENEVA COMMUNITY CENTER AND / OR MY BACKGROUND, REFERENCES, CHARACTE CRIMINAL OR POLICE RECORDS, INCLUDING ORGANIZATIONS AND ALL PUBLIC RECORDS I CONTAINED ON MY APPLICATION AND/OR OB MY QUALIFICATIONS FOR EMPLOYMENT/VOLI	IT'S AGENTS TO MAKE ER, PAST EMPLOYMENT THOSE MAINTAINED BY FOR THE PURPOSE OF TAINING OTHER INFOR	EDUCATION, CREDIT HISTORY, BOTH PUBLIC AND PRIVATE CONFIRMING THE INFORMATION		
I RELEASE THE BOYS & GIRLS CLUB/GENEVA PERSON OR ENTITY, WHICH PROVIDES INFOF AND ALL LIABILITIES, CLAIMS OR LAW SUITS I AND ALL OF THE ABOVE REFERENCED SOUR	RMATION PURSUANT TO N REGARDS TO THE IN	THIS AUTHORIZATION, FROM ANY		
THE FOLLOWING IS MY TRUE AND COMPLETE CORRECT TO THE BEST .OF MY KNOWLEDGE		INFORMATION IS TRUE AND		
(FULL NAME IS NECESSARY FOR CHECK)	(PLEASE PRINT)			
	FIRST NAME	MIDDLE NAME	SUFFIX	
OTHER LAST, FIRST OR MIDDLE NAME				
DATE OF BIRTH	SOCIAL SECURITY	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS		How Long at this A	Address?	
CITY	STATE	ZIP CODE		
PREVIOUS ADDRESS		How Long at this A	Address?	
CITY	STATE	ZIP CODE		
DRIVERS LICENSE NUMBER		STATE OF LICENSE		
		1		
(SIGNATURE)		(DATE mm/	dd/yyyy)	

AUTHORIZATION CODE

EMPLOYMENT / VOLUNTEER BACKGROUND CHECK FORM cont.

LAST NAME:	F	IRST NAME	MIDDLE NAME
CONVICTION STATEMEN	Т:		
BELIEF, I HAVE I HAVE IF I HAVE BEEN CONVICTED OF A CRIM I WAS CONVICTED, THE DATE OF CON IN ADDITION I WILL PROVIDE WRITTEN CHILDREN REGARDLESS OF MY CON	ME, I WILL PROVIDE TRUE AND ACCUR. IVICTION AND ANY OTHER RELEVANT I N JUSTIFICATION BELOW, EXPLAINING VICTION. IVILY OPPORTUNITY FOR THIS EXPLAIN	CRIME IN NEW YORK STATE OR AN' ATE INFORMATION CONCERNING T NFROMATION IN THE SPACE PROV WHY I SHOULD BE ALLOWED TO H	Y OTHER JURISDICTION. THE CRIME FOR WHICH /IDED BELOW. IAVE CONTACT WITH
RECORD OF CONVICTION	NS:	OF CONVICTION OF OFFICE	IN OF COURT ARRAIGANATAIT
PLEASE COMPLETE THE INFORMATIO	N BELOW AND SUBMIT WITH RECORD		
TYPE OF CRIME:	PENAL CODE SECTION	DATE OF CONVICTION	COUNTY/COURT OF ARRAIGNMENT
CONTACT WITH CHILDREN DE PREFER NOT TO USE THIS PA	ESPITE YOUR CONVICTION. YO	DU MAY ATTACH YOUR OWN	I SHEETS IF YOU
TRUTHFULLY AND ACCURATELY STATE ACCURATEINFORMATION CONCERNIN	IE INFORMATION PROVIDED ABOVE IS E WHETHER I HAVE BEEN CONVICTED IG THE CONVICTION(S) MAY CONSTITU I, LIMITATION OR REVOCATION OF THE	OF A CRIME AND / OR TO PROVIDE JTE GROUNDS FOR DISMISSAL OR	TRUTHFUL AND DENIAL OF EMPLOYMENT
(SIGNATURE)			(DATE mm/dd/yyyy)