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**Background Check Questionnaire**

 **and Authorization**

Date Requested Requester Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **COMPLETE NAME:** |
| First: Last: Middle:  |

|  |  |  |
| --- | --- | --- |
| **DATE OF BIRTH:** | **SOCIAL SECURITY NUMBER:** | **Have you ever used a different Social Security Number: Yes\_\_\_\_ No\_\_\_\_\_ If yes, please provide additional number(s) used.** |
|  |  |   |

|  |  |
| --- | --- |
| **LIST OTHER NAMES USED, IF ANY:** | **DRIVER’S LICENSE STATE AND NUMBER:**  |
|  |   |

**Residence Addresses for Past 7 Years beginning with your current address:**

|  |  |  |
| --- | --- | --- |
| **Dates – From/To** | **County** | **Address****City, State, Zip** |
|  |  |  |
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|  |  |  |
|  |  |  |
| Have you ever been convicted of or pleaded guilty or nolo contendere to a felony? 🞎 Yes 🞎 No Have you ever been convicted of or pleaded guilty or nolo contendere to a misdemeanor (including DUI convictions)? 🞎 Yes 🞎 No Have you been restrained or enjoined by a court injunction or order? 🞎Yes 🞎 No  |
| If yes to any of the above, please describe, including dates, location (city, county, state), nature of violation, details of any injunction or court order (attach additional sheets if necessary):        |

I certify that the information provided by me in this questionnaire is true and correct. I understand that any falsification, misrepresentation, misleading statement, or omission of fact will be sufficient reason for refusal to allow me to serve as a CISV volunteer. I further acknowledge and agree that this information may be used to determine my eligibility to serve as a volunteer in connection with CISV’s programs and activities.

I hereby authorize CISV USA (including its chapters) to perform a complete background check on me, including without limitation a complete criminal record check and motor vehicle driving record check, and to perform additional background checks on me from time to time. I hereby release CISV USA and its chapters, steering committees, officers, directors and volunteers from any claim or liability arising out of the performance of these background checks.

I further acknowledge that I have been advised of and agree to comply with CISV’s policies in connection with the use of a motor vehicle to transport CISV participants, including that any person transporting CISV participants in connection with a CISV program must:

* Be 25 years old or older;
* Carry automobile liability insurance with minimum limits of at least $100,000 (per accident for bodily injury and property damage) and provide proof of such insurance to CISV;
* Have a clean driving record (no serious infractions and no more than two minor infractions).

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by CISV Dallas - Fort Worth at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355;** [**www.intellicorp.net**](http://www.intellicorp.net).

I do \_\_\_\_\_\_\_do not\_\_\_\_\_\_\_\_\_ authorize you to contact, through IntelliCorp Records, my current employer for Employment and Reference Verifications. (Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.)

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Signature Date

(for searches conducted on minors under

the age of 18)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Consumer Reports Disclosure

We are required by U S. law – the Fair Credit Reporting Act and its amendments, 15 U.S.C §§ 1681-1681u – to notify you that CISV USA, its chapters, steering committees and/or its agents (collectively, “CISV”) may request an investigative consumer report from a consumer reporting agency for the purpose of evaluating your suitability to serve as a CISV volunteer. CISV would request this report as part of our routine background check procedures.

The Fair Credit Reporting Act defines a consumer report, in part, as a report bearing on an individual's creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This includes, but is not limited to criminal and driving records, educational history, and prior employment verification. The report may contain information gathered from public or private sources. For further information you can review a document prepared by the Federal Trade Commission entitled “A Summary Of Your Rights Under The Fair Credit Reporting Act” at this link: <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>.

You have the right under the Fair Credit Reporting Act to receive from LexisNexis a description of the nature and scope of any consumer report that CISV requests. LexisNexis can be reached at 1-800-845-6004.

Authorization

I have read the foregoing Consumer Reports Disclosure and understand its contents. I hereby authorize CISV to request and obtain the above-referenced consumer report at any time prior to or during my service as a CISV volunteer.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_