

BACKGROUND SCREENING FORM

RELEASE: By signing this form, I understand an investigation will be conducted of all information contained in Section I of this form. I also understand that the results of the investigation will be considered, along with all other information submitted on this form, in making a decision concerning my suitability as an employee or volunteer. The information contained in this application is true and correct to the best of my knowledge. I further understand that inaccurate or untruthful responses to the questions contained in this form may be the basis for refusal to employ or allow volunteer participation. I understand that all criminal background checks will be treated as confidential. I understand and authorize the access to any and all information and records relating to my criminal history or criminal offense committed or alleged arrest, alleged criminal acts and criminal offenses committed. I understand if a disqualifying offense is found in a criminal background check, I will be given the opportunity to verify information and correct errors. I intend this to be a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document.

Signature (black ink)

Date

Section I: Background

1. NAME (Last, First, Middle, Suffix)

Last	First	Middle	Suffix
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2. LIST ALL OTHER NAMES YOU HAVE INCLUDING NICKNAMES AND MAIDEN NAMES:

3. BIRTHDATE (mm/dd/yyyy)	4. SEX: (Circle One) MALE FEMALE	5. SSN:
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6. MARITAL STATUS: (Circle One)	SINGLE	DIVORCED	MARRIED	SEPERATED
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7. NAME OF SPOUSE	8 DATE(S) OF MARRIAGE(S)
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9. CURRENT ADDRESS:

10. E-MAIL ADDRESS:

11. 7 YRS PREVIOUS STREET ADDRESS, CITY	COUNTY	STATE	DATES

12. HAVE YOU EVER BEEN **ARRESTED** FOR OR **CONVICTED** OF A DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS (**DUI**), OR OF ANY **MISDEMEANOR** OR **FELONY** OFFENSE? (Circle One) **YES NO**

DATE OF ARREST	Charges	Disposition	Dispo date

MEALS ON WHEELS

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RETURN MY REPORT VIA:

E-MAIL

US MAIL