



ELECTRONIC BACKGROUND INQUIRY AND APPLICATION AGREEMENT NON EMPLOYEES

CONVICTION RECORD:

Have you **ever** been charged with a criminal offense other than a minor traffic violation? Yes No If yes, please explain in detail:

Please provide the following information about all places you have resided for the past **FIVE (5)** years, beginning with your present address. All periods of time must be accounted for and all multiple residences must be listed. Please attach another sheet if necessary.

FROM – TO (month/year)	STREET ADDRESS & CITY	COUNTY	ZIP

I hereby agree that, as a condition of and in consideration of my continued placement with DePelchin Children's Center (DePelchin) and Affiliates, my signature on this form gives DePelchin my consent to conduct an inquiry concerning information I have stated on my placement application, any resume/vitae, health record, or other document which I have submitted. This may include, but is not limited to, the following areas:

<ul style="list-style-type: none">• Education• Work History• Medical History	<ul style="list-style-type: none">• Court, Criminal, Police or FBI Records• References• Military Services History
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I understand that this agreement is an authorization to any of my present or former employers or any educational institution, governmental agency, personal reference, health service organization or doctor, for release of any information regarding my character, ability, reputation, past conduct, mental or physical condition or job qualifications.

I certify that the above information is correct and I understand that any misstatement, misrepresentation or omission in this document will constitute cause for immediate dismissal at the time of the discovery.

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for dismissal in accordance with DePelchin policy. I authorize the reference listed above to give you any and all information concerning my previous employment/placement and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. In consideration of my placement, I agree to conform to the rules and regulations of DePelchin and I understand that my placement and/or compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Agency or myself. In most states, the law requires my written permission before obtaining consumer reports on me, and I hereby authorize such reports.

I understand and acknowledge that by providing a digital signature I am agreeing to the terms and conditions outlined above and am expressing my intent to sign this Agreement.

Signature

Date

Printed Name

Social Security Number

Date of Birth

Driver's License and State