HOPE shelters

Consent to Perform Criminal History/Background Checks In Compliance with the FCRA (Fair Credit Reporting Act)

Last Name	First Name	Mi	Middle Name	
Maiden or other name	(s) used in any and all other records	of birth or records of resi	dence.	
Address		Apt. or #		
City	County	State	Zip	
**Date of Birth	Drivers License #	**Gender	**Race	
**TO BE USED FOR CRI	MINAL HISTORY CHECKS ONLY AND	NOT A PART OF THE PERS	SONNEL FILE	
that would adversely impact opportunity to clear up any discretion of the company. name, address, and telephon The following are my 1YesNo Hav municipal criminal offe	company has informed me that I have the ri c a decision to offer employment. In additio mistaken information reported within a reas Under the Fair Credit Reporting Act, I have b ne number of the reporting agency as well a responses to questions about my ve you ever been convicted or plead nse? (Excluding minor traffic misder	n, I have been informed that I to sonable time frame established been advised that upon request s the nature, substance and so y criminal history (if any guilty before a court for neanors.) If yes, please p	 will have a reasonable within the sole I will be provided the urce of all information. /). any federal, state or rovide details below 	
State Details of Conviction:	County	Date of Offense	_//	
state or municipal offer	ve you ever received deferred adjud nse? If yes, please provide details b County	elow	-	
	ve you ever received deferred adjud nse? If yes, please provide details b County	elow		

Applicant Signature

Date