



Niles Park District National Background Screening Consent Form

Applicant's **Legal** Name (printed)

Social Security Number _____ **Complete**
Date of Birth ___/___/_____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself.

Have you ever been convicted of / plea bargained to a felony? Yes ___ No ___

This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the company's guidelines.

By signing this document, I am providing the above named company my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

_____ **Date:** _____

Signature: _____

Phone: 1-866-996-7412 Website: www.ssci2000.com