

**BACKGROUND INFORMATION RELEASE**

Have you ever been convicted of any criminal offense (misdemeanor or felony)?

YES  NO Date of Offense: \_\_\_\_\_

I, \_\_\_\_\_, give Opportunity Resources, Inc. my permission to conduct a background investigation. I hereby authorize any law enforcement agency and/or child protection agency to release any records they have regarding me to Opportunity Resources, Inc. I understand that my potential employment is contingent upon these reports. A photocopy of this form is as valid as the original.

I also authorize Opportunity Resources, Inc. to obtain a copy of my motor vehicle record to evaluate my insurability or for other permissible uses related to my employment. By signing this disclosure, I hereby authorize Opportunity Resources, Inc. to procure these records on a periodic basis or as deemed necessary to evaluate my continuing insurability.

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

Date of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Full name given at Birth: \_\_\_\_\_

Other name(s) used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
(State and Number)

\_\_\_\_\_  
Street Address City State Zip

**PLEASE LIST WHERE YOU HAVE RESIDED FOR THE PAST FIVE YEARS. ATTACH ADDITIONAL PAGES IF NECESSARY.**

City	County	State	Dates of Residency (from-to)

**THIS INFORMATION IS REMOVED FROM YOUR APPLICATION PRIOR TO ANY SCREENING PROCESS.**

FOR OFFICIAL USE ONLY			
	Sent	Received	Website
Criminal			SVO
APS/CPS			CON
MVR			HHS-OIG