

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
APC/CPS			CON
MVR			HHS-OIG