



Department: \_\_\_\_\_

Position: \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the AUTHORIZATION RELEASE FORM, THE NOTICE TO ALL APPLICANTS, AND THE NOTICE TO CALIFORNIA APPLICANTS ONLY, and certify that I have read and understand all of these forms. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorizations and, if I have been hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the employer. I also agree that a facsimile ("fax") or photographic copy of the Authorization shall be as valid as the original.

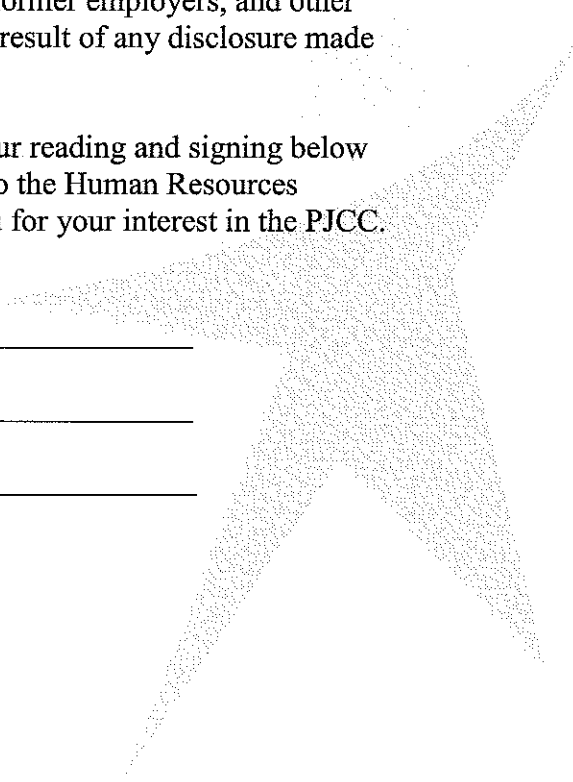
I authorize the PJCC to investigate my background to determine my suitability for employment and to use any information lawfully obtained for any employment-related purpose permitted by law. This investigation may include checking with the schools and employers I have identified, reviewing criminal conviction and driving records, and verifying any other relevant information about me. I release and waive any claims I may have against and indemnify PJCC and any of the schools, former employers, and other persons or entities for any loss or injury I may sustain as a result of any disclosure made related to this Authorization Release Form.

Consideration of your employment is conditioned upon your reading and signing below and returning the completed Authorization Release Form to the Human Resources Director of the PJCC. If you do not wish to sign, thank you for your interest in the PJCC.

Print Name: \_\_\_\_\_

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

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



# Authorization Release Form

**Company Name:** PENINSULA JEWISH COMM CENTER

**Name:** (First) (Middle) (Last)

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**Social Security Number** (9 boxes)      **Date of Birth: (00/00/0000)** (8 boxes)

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**Drivers' License Number:** (16 boxes)      **(State)** (2 boxes)

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**Current Address Since:** (Street) (City) (State/Zip)


**Recent Employment:** (Employer) (City) (State)


(Phone Number) (Start Date mm/yr) (End Date mm/yr)

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If this is your current employer may we contact them? Yes  No

**Education:** (Institution / School Name / City / State)


(City) (State) (Dates Attended: From mm/yr – To mm/yr)

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**MAIDEN NAME:** \_\_\_\_\_ **GRADUATED?** YES  NO

Have you ever been convicted of any crime, excluding convictions that have been sealed, expunged or legally eradicated?  
 YES  NO  If yes, please list below: \_\_\_\_\_

**Contact Name:** Gail Fivis    **Contact Email:** [gfvivis@picc.org](mailto:gfvivis@picc.org)

Safety 1st	<input checked="" type="checkbox"/>	7 yr County Criminal	<input type="checkbox"/>
Social Security Verification (SSN)	<input type="checkbox"/>	Motor Vehicle Records (MVR)	<input type="checkbox"/>
Multi-State Criminal Database Search (MULTI)	<input type="checkbox"/>	Employment Credit (EC)	<input type="checkbox"/>
Workers Compensation (WC)	<input type="checkbox"/>	Federal Search (FED)	<input type="checkbox"/>

561-892-2203

# Authorization Release Form

## NOTICE TO ALL APPLICANTS

I hereby authorize Peninsula Jewish Community Center, Alliant Diagnostics, and their designated agents and representatives to conduct a review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes and for future preparation of a consumer report or investigative consumer report for purposes of retention, promotion or reassignment unless revoked in writing. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; workers compensation for employment; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Alliant Diagnostics or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Alliant Diagnostics, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from liability to the extent permitted by law for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. If an investigative consumer report is conducted I understand that I have the right to request additional information about the nature of the report and a copy of the report by calling Alliant Diagnostics.

## NOTICE TO CALIFORNIA APPLICANTS ONLY

Under California law, the consumer reports we order on you are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Alliant Diagnostics during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Alliant Diagnostics in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. By signing your initials you are requesting to receive a free copy of any investigative consumer report requested by you.

Please sign your initials here: \_\_\_\_\_

**\* IF AN APPLICANT, YOUNGER THAN THE LEGAL AGE (18), IT IS MANDATORY A PARENT/GUARDIAN SIGN THE BOTTOM OF THIS AUTHORIZATION RELEASE FORM.**

Signature: \_\_\_\_\_

Clearly Print Name: \_\_\_\_\_

Date: \_\_\_\_\_