



Authorization For Background Checks

Only fill this page in if you are 18 years old or older.

I authorize the Company to order my background report, including professional reference checks and investigative consumer reports during my volunteering. I also authorize the following agencies and entities to disclose to the contracted background company and its agents all information about or concerning me, including but not limited to: my past or present employers, learning institutions (including colleges and universities), law enforcement and all other federal, state and local agencies, federal, state and local courts, the military, credit bureaus, testing facilities, motor vehicle records agencies, all other private and public sector repositories of information, and any other person, organizations, or agency with any information about or concerning me.

The information that can be disclosed to the contracted background company and its agents include, but is not limited to; information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order a background report, including investigative consumer report, from companies other than contracted background company. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is true and correct and understand that dishonesty will disqualify me from consideration for volunteering with the Company, or if I am appointed as a volunteer already, that my volunteering may be terminated.

I understand that a criminal conviction related to the volunteer job in question may result in my not being allowed to volunteer. I further understand that a criminal conviction does not result in an automatic disqualification for volunteering and will be considered only as it relates to the position in question.

Further, I release all of the above, including LSSI, LLC company, from any and all claims of liability whatsoever in connection with such background verification or the use of the results there-from in the volunteer process. Such information will be held in confidence in accordance with LSSI's guidelines.

ALL SPACES MUST BE COMPLETED

First Name _____ Middle _____ Last _____

Other Name/Aliases/Maiden Name _____

Date of Birth (month/date/year) _____ D.L.# _____ State _____ Phone # _____

Current Address (street, city, state, zipcode) _____

How long have you lived in current state? Years _____ Months _____

Previous address(es) over the last 5 years

Applicant Signature _____ Date _____

Notice to CA, MN and OK residents: Please check box if you wish to receive a copy of any background check report on you that was requested by the Company.