



New Hope Central Oahu

I hereby authorize New Hope Central Oahu, and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. 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, 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 and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with this application to volunteer. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release New Hope Central Oahu, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability 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 relapse. You may contact me as indicated below, I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with New Hope Central Oahu practices.

Name (Print) _____
First Middle (full name) Last Maiden
Print All Former Names Used:
(1) _____
(2) _____
Social Security Number: _____ - _____ - _____ Sex: _____ Race: _____
D/O/B: _____ Current Street Address: _____
City: _____ State: _____ Zip: _____
Drivers License Number: _____
State of Issuance: _____ May We contact Your Employers: _____
Comments: _____
Signature: _____ Date: _____
Print Residences in the previous 10 years (State & City)
State: _____ City: _____
State: _____ City: _____
State: _____ City: _____

Using the numbers below, please indicate whether you have been convicted of any crimes listed below: 1. Homicide/Murder 6. Destruction of Property 11. Fraud 2. Rape or Molestation 7. Drug Trafficking/Use or Possession 12. Prostitution 3. Burglary/Robbery/Larceny 8. Child Abuse/Domestic Violence 13. Other 4. Threats of Harassment 9. Public Intoxication/Drunk & Disorderly Conduct 5. Assault or Fighting 10. Theft/Receiving Stolen Goods Number of Violation
(s) _____
Status/Disposition _____
Other explanation _____

Applicant Signature _____ Date: _____