

Background Check Information

I hereby authorize **FOWLER CENTER FOR OUTDOOR LEARNING** or authorized representative bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for volunteer or employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY. ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.

CHECKS COMPLETED by TFC

- ICHTAT (Internet Criminal History Access Tool)
- Central Registry Clearance (additional page required)
- National Sex Offenders Public Registry

First Name: _____ MI: _____ Last Name: _____

Alias/Other: _____

Alias/Other: _____

Date of Birth: _____ Social Sec. _____

Driver's Lic. No.: _____ State _____

Race: _____ Sex: _____

(1) Current Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

(2) Previous Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

(3) Previous Addr: _____ City/State/Zip: _____

County: _____ Dates/From: _____ To: _____

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

The information on this page will be used for background check purposes only