

**AUTHORIZATION AND RELEASE
BACKGROUND CHECKS**

In connection with my application for employment, I understand that information may be requested as to my character, employment – including job performance and work habits, and other personal history. I further understand that you may be requesting information regarding my motor vehicle driving record history, criminal history and other public records. I agree that any false information in support of my application for employment may subject me to discharge at any time during my employment.

I hereby authorize and release from all liability without reservation Macomb Oakland Regional Center, Inc. and _____, and any law enforcement agency, administrator, State/Federal agency, institution, employers – prior or present, insurance company or person gathering or furnishing the above information.

A photographic or FAX copy of this authorization may be deemed to be the equivalent of the original.

Signature

Date

Name (type or print)

List any other names previously used

Social Security Number

Date of Birth

List any other Social Security numbers used

Male/Female
Circle One

Drivers License Number

State Issued

Current Address

City

State

Zip Code

Participant/Designee's Signature

CC: Consumer's home file, SD Coordinator