

Authorization for Criminal History Record Check

I, _____ (print your name), hereby authorize **Artspace** or a third party vendor to obtain information pertaining to any criminal charges currently pending and/or convictions I have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given a copy of the record and an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities before any adverse action is taken. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccuracies. I further understand that until **Artspace** receives notification from that agency correcting any inaccuracies any employment or volunteer assignment will be deferred.

As an applicant for an art instructor/volunteer position, I hereby attest to the truthfulness of the representations I have made regarding my criminal history, if any. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any criminal misdemeanor or felony. I understand that I do not have to disclose any sealed or expunged conviction records.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position. I understand that conviction records are not an automatic bar to employment and will be reviewed based on their number, nature and recentness to determine suitability for the position.

SIGNATURE OF APPLICANT

DATE

Applicant – Note that there is a second section for you to complete below. Please clearly print all information.

FULL NAME OF APPLICANT

ADDRESS

CITY

STATE

ZIP

TO BE COMPLETED BY ORGANIZATION: Identification verified with government issued picture identification.

DATE

TYPE OF IDENTIFICATION

VERIFIER'S INITIALS



[After background check has been completed, this section of personal information should be removed and shredded.]

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Male Female
SEX (CIRCLE ONE)

DRIVER'S LICENSE NUMBER

STATE OF ISSUANCE

DATE OF EXPIRATION