

Benzie Senior Resources Contact for Background Check

I, _____ HEREBY AUTHORIZE **Benzie Senior Resources** to perform a check of background including:

- Any driving records
- Any educational and/or employment/work history
- Personal references
- ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)
- Any other police and/or agency records to the extent permitted by state and federal law
- Michigan Public Sex Offender Registry (PSOR)

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from certain job role considerations. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the **Benzie Senior Resources**. I further hereby hold harmless agency and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name _____ Date _____

Signature _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Please Print Legibly)

Last Name _____

First Name _____ Middle Name _____

Maiden Name/Alias _____

Address _____

City/State/Zip _____

Date of Birth _____

Email Address (required) _____

Driver's License Number # _____ Expiration Date _____ or

Michigan ID # _____ Expiration Date _____

Race _____ Gender _____

Social Security Number # (required) _____

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Please check here if you would like a copy of your background results emailed to you