

**WOMEN IN SAFE HOMES**  
**BACKGROUND CHECK AUTHORIZATION**  
 CONFIDENTIAL

The purpose of this form is to produce a background check regarding the possible existence of an arrest resulting in a criminal charge and/or a criminal conviction record. We are required by state statute as 12.62.035 to do criminal background checks on employees and volunteers.

Last Name:		First Name:		Middle:		Jr., III, etc:	
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Names used as aliases, maiden name, previous married name(s):	
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Date of Birth	_____	Sex		Social Security Number:	_____ - _____ - _____	Driver's License No.:	_____
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Residence Address:	_____				
How long at current address:	_____	City	State	Zip Code	

Prior Address:	_____				
How long at previous address:	_____	City	State	Zip Code	

Mailing Address:	_____				
		City	State	Zip Code	

Failure to disclose past criminal convictions or charges pending will be cause for immediate dismissal. Certain types of convictions or charges may be grounds to dismiss. Certain types of civic prodedures are relevant.

Have you ever been convicted of a crime:    \_\_\_YES    \_\_\_NO

Have you ever been charged with a criminal offence?    \_\_\_YES    \_\_\_NO

If YES, please explain below ( )Indicate type and date of conviction or criminal charge):

\_\_\_\_\_

\_\_\_\_\_

Has there ever been a case of substantiated abuse or neglect in which you were involved?    \_\_\_YES    \_\_\_NO

I hereby authorize Women In Safe Homes to submit my name and descriptive information to the LexisNexis Volunteer Select Plus, the Ketchikan Police Department, the Alaska Department of Public Safety, the District Attorney's Office, the Federal Bureau of Investigation and/or Courtview for a criminal history search. I also certify that the information I have given on this form is to the best of my ability true and correct.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_