

# BACKGROUND CHECK APPLICATION

ZEPHYRUS ARTS INSTITUTE

OFFICE USE ONLY  
PLEASE LEAVE BLANK

\_\_\_ Criminal Seven (7) Year  
\_\_\_ Criminal Ten (10) Year  
\_\_\_ Civil  
\_\_\_ Credit Report  
\_\_\_ Record Retrieval

\_\_\_ Social Security Verification  
\_\_\_ Sex Offender  
\_\_\_ MVR Report  
\_\_\_ D.L. # \_\_\_\_\_ St: \_\_\_\_\_

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

Requested By: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ SSN : \_\_\_\_\_

## ALIASES

Please complete if you have a maiden or AKA name to be checked. Indicate all names to check.

Maiden Name: \_\_\_\_\_ AKA Name: \_\_\_\_\_ AKA Name: \_\_\_\_\_

I attest, under penalty of perjury, that I am (check one of the following)

- ☐ a citizen of the United States  
☐ a lawful permanent resident (Alien #) \_\_\_\_\_  
☐ an Alien authorized to work until \_\_\_\_\_  
[Alien # or Admission #] \_\_\_\_\_

Places of residence for the past seven (7) years beginning with the MOST RECENT:

It is important to list the Zip Code and EXACT NAME of the city you reside or resided in.

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## BACKGROUND CHECK AGREEMENT & RELEASE

I understand that investigative background inquiries are to be made on myself might include Motor Vehicle Check, Criminal Felony, Misdemeanor convictions reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment or volunteerism from previous employers, charities, and organizations. Furthermore, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to any criminal experiences.

I authorize without reservation, any party or agency contacted by this organization to furnish the above-mentioned information. I hereby consent to your obtaining the above information. I understand to aid in the proper identification of my file or record's the following information, as well as other information is necessary. I understand and agree that if permitted to participate in Zephyrus Arts Institute events, then I am subject to a criminal record background search at any time during my employment, participation in, or volunteer time with the organization and this authorization and release shall remain in full force and effect throughout my tenure with Zephyrus Arts Institute.

Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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