

Authorization Statement for Background and Criminal History Record Check and Social Security Administration Authorization to Release Social Security Number Verification to Kids' Community (Dental) Clinic of Burbank

I, \_\_\_\_\_(print your name), hereby authorize Kids' Community Dental Clinic to obtain information pertaining to any information, charges and/or convictions I may 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. Further, 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. The information gathered will include social security number verification, historical personal addresses where I have lived, and could include personal employment information.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. 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. I further understand that until the Kids Community Clinic of Burbank receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

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 authorize the Social Security Administration to verify my name and SSN to KCDC and/or the Company's Agent, if application for the purpose I identified. The agent is: IntelliCorp Records Inc. 3000 Auburn Dr. Suite 410, Beachwood, OH 44122. I am the individual to whom the Social Security number was issued. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

\_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
DATE

\_\_\_\_\_  
FULL NAME OF APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER Male Female  
SEX (CIRCLE ONE)

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER STATE OF ISSUANCE DATE OF EXPIRATION

California Applicants: If you would like a copy of your background check sent to you, please check the box.

Identification verified with government issued picture identification. *To be completed by Clinic Director:*

\_\_\_\_\_  
DATE TYPE OF IDENTIFICATION VERIFIER'S INITIALS