Criminal Background Check Authorization Form

Calhoun County Senior Citizens – Heritage Center – Port Lavaca, TX

Please Print all Requested Information.

Name:_____
Last First

Other Names Used:_____

Current Address:_____

City / State / Zip Code:_____

Social Security Number:_____

Date of Birth:_____

Driver's License Number:_____

State of Issue:_____

In connection with my employment or volunteer work at the Heritage Center, I hereby give authorization for a background check. I understand that Federal Law requires all employees of the Calhoun County Senior Citizens to have this information in their file. I certify that the statements made by me on this form are true, to the best of my knowledge and are made in good faith.

Signature:_____Date:_____

All information collected will be kept in a locked file and will only be shared with those Administrative personnel that maintain the records.