

## **Consent Form for Background Check by Volunteer/Employee Longmont Meals on Wheels**

Longmont Meals on Wheels requires on or after January 1, 2007, as a condition of volunteering or employment that all applicants consent to and authorize a verification of their background, including, but not limited to, information submitted on their application or résumé.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment (volunteer or paid personnel) is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that LMOW may now, or at any time while I am employed, obtain any criminal or civil history record information and/ or motor vehicle records, pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any other information as deemed necessary to fulfill the job requirements.

I authorize Bureau of Investigation and any of its agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of LMOW.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, the DMV and other organizations and Agencies to provide all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge LMOW, its agent, and their associates to the full extent permitted by law from claims, damages, costs, and expenses, for any errors, omissions or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

### APPLICANT:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name typed or printed (First, Middle, Last)

\_\_\_\_\_  
Length of residency in Colorado

\_\_\_\_\_  
Address

\_\_\_\_\_  
Past states you have lived in after the age of 18

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
License #      Type      State

\_\_\_\_\_  
Date of Birth

NOTE: Birth date is used only to verify criminal and civil records and will not be used by this organization to make a hiring decision.

Please list all criminal convictions (including year and state the conviction was in \_\_\_\_\_)

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### OFFICE USE ONLY

Date Background Check Completed \_\_\_\_\_

Date of Employment \_\_\_\_\_

Check Completed by \_\_\_\_\_

Position \_\_\_\_\_