

Cincinnati Monthly Meeting
BACKGROUND INQUIRY RELEASE FORM

Cincinnati Monthly Meeting of the Religious Society of Friends affirms a sacred and spiritual commitment to the nurturing, growth and protection of its members, attenders, and guests, as well as a commitment to the fiscal safeguarding and protection of the Meeting and its resources. The Meeting thereby mandates that background inquiries be conducted for all paid employees (full- and part-time), as well as those volunteers as may identified specifically by the Meeting.

Position Applied For:	
Full Name:	
Other names you have used (include maiden name as appropriate) and dates of any name changes:	
Social Security #:	Date of Birth:
Driver's License #:	State:
Current Home Address:	
List previous addresses for the last seven years (use additional paper if necessary):	
1) Previous Home Address:	
2) Previous Home Address:	
3) Previous Home Address:	
4) Previous Home Address:	

Have you ever been convicted of a crime (other than traffic offenses)? ___Yes ___ No

If yes, in what state and county did these convictions occur?

On another sheet of paper, please describe each conviction, including date, type of offense, and disposition.

_____ I hereby authorize Cincinnati Monthly Meeting of the Religious Society of Friends and/or its agents to make independent investigation of my academic background, character and professional references, past employment, criminal and/or police records, for the purpose of confirming information related to my application.

_____ I understand that the information may be accessed at any time during my service and up to thirty (30) days following my separation from service. I further understand that the information requested shall be used for proper identification only and not for any discriminatory purposes, and that all such information shall be maintained in a secured, confidential manner by the Meeting on a need-to-know basis.

_____ I hereby release Cincinnati Monthly Meeting of the Religious Society of Friends and/or its agents and any person providing information pursuant to this authorization from any and all claims or lawsuits in regards to the information provided and/or obtained from such sources.

_____ I hereby affirm that the information enclosed herein is complete and correct to the best of my knowledge.

Applicant Signature

Date