

Authorization for Criminal and Child Abuse and Neglect Background Check

I give my permission for the Metropolitan Organization to Counter Sexual Assault (MOCSA) to conduct a background screening check with law enforcement, child protective services, and/or previous employers, and any other appropriate persons, to determine my suitability in working with children and/or victims of sexual assault or abuse. I understand that this permission is part of my application for employment or to volunteer at MOCSA, and I understand that this information will only be used in regard to the above application.

Full Legal Name: _____

Maiden Name (if applicable): _____

Previous Names Used: _____

Current Address: _____

City/State/Zip: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Current County of residence: _____

Addresses for the last five years if in a different state from above:

Address	City	State	Zip
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Address	City	State	Zip
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Address	City	State	Zip
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Signature: _____ Date: _____