Humane Society of Huron Valley

3100 Cherry Hill Road | Ann Arbor, MI 48105

Authorization for Background Check

CONFIDENTIAL

AUTHORIZATION FOR BACKGROUND CHECK

HUMANE SOCIETY OF HURON VALLEY

Instructions: This form is to be completed by applicant/volunteer. Print legibly and complete all information requested

_____ Last Name	_____ First Name	_____ Middle Name
_____ Date of Birth: (mm/dd/yyyy)	_____ Social Security Number	_____ Driver's License or State ID #
_____ Street Address	_____ City State Zip	_____ Phone number

I hereby authorize the Humane Society of Huron Valley, and its designated agents and representatives to conduct a background investigation including information of a confidential or privileged nature to be generated for employment and/or volunteer purposes.

I understand that false or misleading information given in my application and/or interview (s) will be considered as cause for possible dismissal and/or discharge.

I also understand that I am to abide by all rules and regulations of the company.

I authorize the Humane Society of Huron Valley to use a copy, or FAX of this form, to be considered the same as the original for the purposes of a background investigation.

I understand that this information will be maintained securely until the application process is complete After that time, this information will be maintained electronically in a secure format and the hard copy will be shredded.

Signed: _____ Date: _____