



AUTHORIZATION FOR RELEASE OF INFORMATION FORM
QUEST ACADEMY

Please Print in Black Ink or Type:

Social Security #: [grid]
Date of Birth: [grid]

I do not have a SSN.

First Name (No Nicknames) Middle Initial
Last Name Title
Maiden or Other Names Formerly Used
Date Last Used (Month/Year)
Maiden or Other Names Formerly Used
Date Last Used (Month/Year)

APPLICANT'S EMAIL ADDRESS [grid]

ADDRESS - CURRENT

Street:
City: State:
Country:
Zip Code:
Dates Lived in Residence FROM: TO:

ADDRESS - PERMANENT (enter if different than current address):

Street:
City: State:
Country:
Zip Code:
Dates Lived in Residence FROM: TO:

ADDRESS - PREVIOUS (List all other cities/counties where you have lived in the last 7 years starting with the most recent):

Street:
City: State:
Country:
Zip Code:
Dates Lived in Residence FROM: TO:

ADDRESS - PREVIOUS (List all other cities/counties where you have lived in the last 7 years starting with the most recent):

Street:
City: State:
Country:
Zip Code:
Dates Lived in Residence FROM: TO:

PLEASE CHECK THE APPROPRIATE RESPONSE TO THE FOLLOWING QUESTIONS:

1. Within the last seven (7) years have you been convicted of, plead guilty to, or plead “no contest” to a crime that has not been expunged from your record? (crime means felonies and misdemeanors, including vehicular misdemeanors and felonies) or been released from prison? (Examples of vehicular misdemeanors and felonies include reckless driving, driving while license has been suspended, driving without insurance, DUI’s involuntary manslaughter, damage to property, etc. Prison includes time spent in city and county jails as well as local, state, and federal prisons.) Applicants for employment in Hawaii should not answer this question at this time. Applicants in California should not answer this question as it relates to marijuana-related convictions more than 2 years old under California Health and Safety Code Sections 11357 (b) and (c), 11360 (c) 11364, 11365 or 11550 YES* NO *If yes fill in below:

Date:		City:		State:	
Details:					

2. Are you currently on probation or parole for a criminal offense or have you received an alternative disposition sentence for a criminal act? YES NO

Date:		City:		State:	
Details:					

3. Name the specific court that adjudicated the admitted hit:

Court Name:					
Date:		State:			

NOTE: A conviction does not automatically mean you cannot be employed. Factors such as your age at the time of conviction, how long ago it occurred, the reason for the conviction and the rehabilitation you received will all be considered.

AUTHORIZATION FOR RELEASE

I certify that the information contained herein is true and understand that any falsification will result in the rejection of my application or termination of my employment. I also understand that the requested information is for the sole purpose of conducting a background investigation which may include a check of my identity, work history, education history, credit history, driving records, any criminal history which may be in the files of any federal, state or local criminal agency, and a post offer search of workers' compensation claim history. Information regarding age, sex, or race will not be used as part of any employment decision. A telephone facsimile of this authorization shall be valid as the original.

I hereby authorize this company, its corporate affiliates, its employees, its authorized agents, and representatives (including **American Background**) to verify all information contained in this form or in my application and to inquire into my character, general reputation, personal characteristics, and mode of living. I hereby release this company, its corporate affiliates, its employees, its authorized agents and representatives and all others involved in this background investigation from any liability in connection with any information they give or gather and any decisions made concerning my employment based on such information. I understand that any offer of employment I may receive is contingent upon the successful completion of the background investigation. I further understand that I have a right, under Section 606(b) of the Fair Credit Reporting Act, to make a written request to this company within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested, and for a written summary of rights pursuant to section 609(c) of the FCRA.

I further agree that should I accept an offer of employment, the company may need to update this information or conduct subsequent investigations from time to time during my employment and I expressly authorize such acts. (Not Applicable for CA Residents)

By signing this background authorization form and pursuant to section 1786.16 of California Civil Code, you are hereby notified that we have ordered an investigative consumer report for employment purposes. This Investigative Consumer Report is being prepared by American Background Information Services, Inc., 629 Cedar Creek Grade, Suite C; Winchester, VA 22601, (800) 669-2247. (CA Residents only – You may contact American Background to review your file and receive all applicable disclosures pursuant to section 1786.10 of the California Civil Code.)

Please Check here to receive a copy of the Background Report (CA, OK, and MN Residents only)

Please sign and date:	
Applicant Signature:	
Print Name:	
Date:	