CLEARWOOD COMMUNITY ASSOCIATION

BACKGROUND CHECK AUTHORIZATION

BOARD CANDIDATES, VOLUNTEERS AND STAFF

Applicant's Name: (Print)			
First	Middle	Last	
Alias/Maiden Name: (Print)			
Date of Birth: (Month/Day/Year)			-
Sex:			
Race:			
Please answer YES or NO to these of	questions:		
(a) Have you been convicted of a crime? Answer: (Circle one) YES			
(b) Have you had findings made against y finding of, or upholds an agency findi violation of a professional licensing st exploitation of a child or vulnerable a Answer: (Circle one) YES	ng of, domestic vi candard regarding	olence, abuse, sexual abuse, r a child or vulnerable adult, or	neglect, abandonment,
(c) Have you had both a conviction unde Answer: (Circle one) YES	r (a) above and fir	ndings made against you unde	er (b) above?
•		judicial or administrative findi ely exercise a legal right to adı	J
I hereby authorize Clearwood Community Ass Criminal Background Check. I am the person information provided is true and correct to the	named as the app	olicant. This is my true and co	
Applicant Name (Print)		Date	
Signature		Email	