

Authorization Statement for Criminal History Record Check
Provided by the Alliance of Nonprofits for Insurance, Risk Retention group (ANI-RRG)

I _____ (print your name), hereby authorize Toledo Urban Impact to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not limited to, allegations regarding, and conviction for crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until Toledo Urban Impact receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff or volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I understand that I must be truthful and, if any statement I have made is found false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

SIGNATURE OF APPLICANT

DATE

FULL NAME OF APPLICANT

ADDRESS

CITY

STATE

ZIPCODE

DRIVERS LICENSE NUMBER

STATE OF ISSUANCE

DATE OF EXPIRATION

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

EMAIL ADDRESS

MALE

FEMALE

(CIRCLE ONE)

To be completed by organization:

DATE

TYPE OF IDENTIFICATION

VERIFIERS INITIALS