

CONSENT FOR RELEASE OF STAFF MEMBER/APPLICANT INFORMATION

(Criminal Records - Motor Vehicle Check)

Kanuga Conferences, Inc.
PO Box 250
Hendersonville, NC 28793

Full Name (First, Middle, Last): _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Other names records may be filed under: _____

Driver's License Number: _____ State of Issue: _____

Name as it appears on License: _____

I understand that Kanuga Conferences, Inc. has a practice of requesting a background check which could include criminal records / motor vehicle check on prospective staff members prior to contract confirmation.

I hereby authorize the agency chosen by Kanuga Conferences, Inc. to provide the requested information.

Please list location of residences for the past 10 years --- school and home counties (current & most recent first).

1) Address: _____ City/State/Zip: _____
County: _____ Area Code: _____ Dates (month/year) From: _____ To: _____

2) Address: _____ City/State/Zip: _____
County: _____ Area Code: _____ Dates (month/year) From: _____ To: _____

3) Address: _____ City/State/Zip: _____
County: _____ Area Code: _____ Dates (month/year) From: _____ To: _____

4) Address: _____ City/State/Zip: _____
County: _____ Area Code: _____ Dates (month/year) From: _____ To: _____

5) Address: _____ City/State/Zip: _____
County: _____ Area Code: _____ Dates (month/year) From: _____ To: _____

6) Address: _____ City/State/Zip: _____
County: _____ Area Code: _____ Dates (month/year) From: _____ To: _____

I hereby grant permission and authorize the above-mentioned checks and give permission to allow verification of any information given on my application. I understand that failure to provide accurate information may result in nullification of offer or termination. I understand that the information obtained will become part of my employment application.

Staff Member/Applicant Signature: _____ Date: _____

Signature of Minor's
Parent or Guardian (if applicable): _____ Date: _____