

# Authorization Statement for Criminal History Record Check Children's Dental Health Clinic

I, \_\_\_\_\_(print your name), hereby authorize the Children's Dental Health Clinic 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 be limited to, allegations regarding, and convictions 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 the Children's Dental Health Clinic receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/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 for 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 to be false, I may 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

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

Male      Female  
SEX (CIRCLE ONE)

California Applicants: If you would like a copy of your background check sent to you, please check the box.

*To be completed by organization:*

Identification verified with government issued picture identification.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPE OF IDENTIFICATION

\_\_\_\_\_  
VERIFIER'S INITIALS