



Information Release

I, _____, understand it will be necessary for Eyes On Me, Inc. to conduct a background check regarding my criminal history, personal references and employment. I authorize Eyes On Me, Inc. to obtain any needed information regarding my legal/criminal history, character references and employment from any state or federal agency, my employer, and personal references for the purposes of participating in an outreach program. I also hereby release Eyes On Me, Inc., and its agents and employees, from all liability for damages or claims, including but not limited to, defamation or interference with contract I have or may have which arise or result from any reference information provided pursuant to this authorization. Further, I provide permission for Eyes On Me, Inc. to conduct the same investigation of my background in previous states in which I have resided.

Signature Date

Full Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

City/State _____/____ to ____/____
Dates Resided (mo/year)

City/State _____/____ to ____/____
Dates Resided (mo/year)

City/State _____/____ to ____/____
Dates Resided (mo/year)

City/State _____/____ to ____/____
Dates Resided (mo/year)

Disclaimer: Convictions will be reviewed on case by case basis. However, for positions that require substantial direct contact with children and/or other vulnerable populations, personal safety concerns are extremely vital. Therefore, certain convictions will be cause of disqualification such as, but not limited to: convictions of sexual offenses toward any person and convictions for any crime in which children were involved.