



Criminal Background Check Authorization Form

Name: _____

(Last)

(First)

(Middle)

Other Names Used: _____

Current Address: _____

City, Country: _____

Type of Identification: _____ Expiry Date of ID: _____

I authorize Swift Vetting & Verification Network Inc and its agents to conduct a criminal background check on me, which includes but not limited to my general conduct, current and previous residences, driving records, credit rating, employment history, character reference, drug records, birth records, civil and criminal history records, sex offender records and I understand that this check will include search on law enforcement and court records and all other public records, prior convictions will certainly be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification.

I agree that information can also be obtained from private and public records sources, including personal interviews with my associates, friends and neighbors and I understand that my ability to receive any grant of aid is contingent upon the results of this criminal background check. I also understand that failure on my part to consent to this Criminal Background Check Authorization Form will result in the automatic revocation of any approval offered to me or accepted by me.

I accept and agree that the findings of this criminal background and National Sex Offender Public Registry checks may be shared with the agency requiring it, its agents and any other intervention agency worldwide. I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification or termination of any prior approval granted to me and my assigns.

I hereby agree to release and discharge Swift Vetting & Verification Network Inc to the full extent permitted by law from any claims, damages, loses and liabilities, or any other charge or complaint filed with any agency arising from the retrieval of my information and making same public.

Applicant signature: _____

Date: _____