

ACKNOWLEDGMENT OF BACKGROUND RECORD CHECK

I understand that _____ will be conducting a background check, and the nature of any criminal record could be a consideration in my employment relationship with _____.

The following information is necessary to process the background check.

Name (please print legibly) _____

_____ Male _____ Female Date of birth: _____

Race: _____ Social Security No: _____

Other name(s) by which I have been known and duration (Example: 1998-2000)

Other state(s) and county(ies) in which I have resided during the last seven years - Example: Michigan, Gogebic County 1998-1999

I understand the background record check report will be maintained in my personnel file at Your Cooperative. A copy will be provided to my work site manager if required by licensing regulations.

I certify that all information presented is true and complete.

Signature

Date