



EMPLOYEE PERMISSION FOR CRIMINAL RECORDS CHECK

(Use one form for each person)

DATE: _____

FROM: Gulf Coast Women's
CENTER FOR NONVIOLENCE, INC.
Post Office Box 333
Biloxi, MS 39533

I hereby give my permission to conduct a background screening check with all local law enforcement agencies. I give my permission for the release of information from law enforcement files concerning any past history of offenses with which I may have been charged or convicted.

I understand that the information to be released may concern charges and/or convictions of carnal knowledge of a child under 14 years of age, sexual battery, seduction of a child under the age of 18, touching a child for lustful purposes, disseminating sexually oriented material to children, exploitation of children, carnal knowledge of a stepchild, adopted child or child of a cohabiting partner, or unnatural intercourse.

I understand that information will be released on any conviction, any pending charges, or any arrests if I have been arrested two or more times.

I understand that I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information.

I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for any other purpose.

Print Name _____ **Signature** _____

Home Address _____

Date of Birth _____ **Social Security Number** _____

Previous Address _____

(If changed within the last five (5) years)

Witness to Signature _____ **Date** _____

(The above information must be completed by the employee. Form must then be forwarded to the agencies listed below. Completed form must be kept on file.)

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TO BE COMPLETED BY LOCAL SHERIFF'S DEPARTMENT

Sheriff's Office _____ **Date** _____

Records checked by _____ **Title** _____

_____ **No Information Found** _____ **Records Found (Please attach separate sheet)**

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TO BE COMPLETED BY LOCAL POLICE DEPARTMENT

Police Dept _____ **Date** _____

Records checked by _____ **Title** _____

_____ **No Information Found** _____ **Records Found (Please attach separate sheet)**

Note: This is confidential information and will be evaluated to determine how it may affect the individual's employment status. It will be noted in personnel file that checks were made, by whom, when, and action taken by the Center. All completed forms will be placed in personnel file.