



CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Safe Have Care, Inc. and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full Legal Name: _____	Male _____	Female _____
Current Address: _____		
Other Names Used: _____ (Maiden, alias', legal name change, etc.)		
DOB: _____	DL#: _____	State: _____ SS# _____
Phone #: _____	Email: _____	
Previous Addresses in past 7 years: _____ _____ _____		
Have you ever been convicted of any crime? Yes _____ No _____ If Yes, Please explain: _____ _____		

Applicant's signature: I have reviewed and completed this form as applicable to me. I give Safe Haven Care, Inc. permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: _____

Signature of witness: _____

Date: _____