

PERMISSION TO OBTAIN INFORMATION

This document authorizes The Willard G. Pierce and Jessie M. Pierce Foundation, dba: Pierce Cedar Creek Institute (Institute), 701 W. Cloverdale Rd., Hastings, MI 49058, and/or its research agent, to verify specific information about my background. I understand that as long as I continue to work/volunteer at the Institute, my authorization on this form will allow the Institute to periodically re-verify my background information. I do not hold the Institute responsible for the accuracy of the information obtained under this authorization.

I further understand that I do not have to agree to these background checks, but refusal to do so will exclude me from consideration for the work I will be doing on behalf of the Institute.

I further understand that this information will be held on file at the Institute, and will be held in the confidence accorded all such records.

I specifically authorize that background information may be sought in any or all of the following areas, and agree to release from liability the agencies, prior employers, individuals or other entities which provide information to the extent that the information given is true and accurate.

Criminal Records
Current & Annual Driving Records
Past Employment/Volunteer History

Education/Professional Status
Personal References

I hereby also extend my permission to those individuals or organizations contacted for the purpose of these background checks to give their full and honest evaluation of my suitability for the described work and such other information, as they deem appropriate.

I understand that one of the purposes of this authorization may be to allow the Institute to obtain current & annual driving records in order to determine eligibility for use of the company vehicle for the normal course of business. I do not hold the Institute responsible for the accuracy of the information obtained for this purpose under this authorization.

I hereby authorize the State of Michigan to release driver, vehicle, and related information about me to:

The Willard G. Pierce and Jessie M. Pierce Foundation
dba: Pierce Cedar Creek Institute
701 West Cloverdale Road
Hastings, Michigan 49058

I acknowledge that I have read and understand this form and have had an opportunity to ask questions about its use.

Signature: _____

Date: _____

PLEASE PRINT THE FOLLOWING:

First Name _____ Middle Name _____ Last Name _____

_____ Date of Birth (mm/dd/yyyy)

_____ Gender

_____ Race *

_____ Driver's License Number

_____ State of Issue

_____ Date

*The Institute obtains background checks through the Michigan State Police and race must be completed for us to access this information. Leaving this field blank could prohibit your ability to work or volunteer at the Institute.

For Office Use Only: Date Received: _____ Received by: _____

Date Background Check Completed: _____ Completed by: _____