



**BOYS & GIRLS CLUB
OF GREATER DUBUQUE**

**Background Check Authorization Form
Boys & Girls Club of Greater Dubuque**

Please print and fill out information in its entirety

Requested by: _____ Date: _____
Applying for: Employee _____ Volunteer _____ Position: _____
Full Name: _____ DOB: ____ / ____ / ____
SSN: ____ - ____ - _____ Gender: Male _____ Female _____
Driver's License No.: _____ State of Issuance: _____ Proof of Insurance: Yes _____ No _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____

List all previous addresses in last 10 years (use back of page if more space is needed)

Previous Address 1: _____ City: _____
State: _____ Zip: _____ County: _____

Previous Address 2: _____ City: _____
State: _____ Zip: _____ County: _____

Previous Address 3: _____ City: _____
State: _____ Zip: _____ County: _____

In relation to my employment or volunteer work at the Boys & Girls Club of Greater Dubuque (BGCGD), I understand and authorize the access of public information from various federal, state, and other agencies maintaining information regarding my background.

I also understand that the information may be accessed during my service and up to thirty (30) days after separation from the BGCGD. I hereby consent to the BGCGD obtaining various public record information and other information from any and all available sources, and/or any other party or agency in accordance with the federal fair credit reporting act along with any and all city, state, and federal law enforcement resources. I also understand that the requested information is for proper identification only and not for discriminatory purposes.

Signature: _____ **Date:** _____
Primary Phone Number: _____

FOR OFFICE USE
Criminal History Check: _____ Sex Offender Check: _____
Other: _____ Approved By: _____ Date: _____