



Adoption Option ^I_{c.}

A Non-Profit Licensed Child Placing Agency

EMPLOYEE/CONTRACTOR/VOLUNTEER CRIMINAL BACKGROUND CHECK

As required by CPA Licensing Rule 400.12206(2), we must do a criminal background check on prospective staff, be it an employee, contractor, or volunteer. Please provide the following information about yourself; your signature constitutes your permission for our agency to perform the required background check.

1. **Name:** _____, _____, _____
Last name First name Middle initial

2. **Any and all past names used** (Maiden names, previous married names, if a name was changed for any reason, any alias names, middle name changes):

3. **Address:** _____, _____
Street Apt. #

_____, MI, _____
City Zip code

4. **Race:** White____; Black____; Asian/Pacific Islander____;
American Indian/Alaskan Native____; unknown/other_____

5. **Sex:** Male____; Female____

6. **Date of Birth:** ____/____/_____

7. **Signature:** _____

A Child Reached Is A Child Saved...

.....