**Employee Criminal Background Policy**

The Bridge to Hope, Inc.’s policy is to conduct criminal background investigations for applicants for any position within the agency – paid and unpaid. Conducting criminal background checks on all newly hired individuals helps to protect clients, employees, the general public, and property. Volunteers, board members, and employed staff are all subject to an annual criminal background investigation.

All employee offers are contingent upon satisfactory results of the criminal background check. Applicants refusing to complete this, or failing to answer truthfully and completely, will not receive offers of employment, or employees will have their employment terminated. Any agreement regarding employment already signed will be cancelled.

All employees will have a new background check performed yearly.

I understand that The Bridge to Hope will perform a Criminal History Background Check, as well as a Sex Offender Registry search, as part of the procedure for processing my application for employment.

I understand that my social security number will be verified and information about my criminal background will be obtained. I understand that I must disclose *any state in which I have worked, lived, or attended school in the last 5 years,* so an appropriate check can be completed through those state databases.

I understand that the information contained in the Criminal History Background Check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for the purpose of making an employment decision.

I hereby consent to the Criminal History Background Check as described above, and authorize The Bridge to Hope to procure reports concerning my background as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

Print Full Name of Applicant Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth

I have lived, worked, or attended school in the following states in the last 5 years (with dates):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_