

Charter Township of Canton
Leisure Services Department

Authorization for Criminal Background Investigation

Full Name: _____
Last First Middle

Home Phone: _____ Date of Birth: _____

Present Address: _____ City: _____

Zip: _____ Gender: _____ Race: _____

Have you lived outside of Michigan in the past twelve months? YES NO

If YES, please indicate previous address on the back of the form.

Have you ever been convicted by plea or trial of any crime including traffic offenses? YES NO

If YES, please indicate your conviction on the back of the form.

Driver's License Number: _____ State: _____ Exp. Date: _____

CERTIFICATION STATEMENTS

I certify that the above statements are true and that the making of false statements may be considered sufficient cause for immediate dismissal upon discovery thereof. I understand, and agree, that any misleading information or omission of information may be cause for dismissal.

I specifically authorize the Charter Township of Canton, its agents, and its employees to make inquiries of courts, law enforcement agencies, and other entities for records of criminal convictions.

I understand that it is the intent of Canton Township to deny participation to any person who has been involved in or convicted of a any criminal activity that may be harmful to the Township, the activity or the participants. I understand that any inappropriate and/or unacceptable conversation or conduct with any participant may be grounds for immediate dismissal.

I also understand that Canton Township reserves the right to submit random checks on individuals at any time.

I agree to hold the Charter Township of Canton, its agents, volunteers, officers, elected officials, employees and all parties involved harmless from any actions arising out of any criminal records check that may be done.

By checking "yes", I certify that the information contained in this form is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and further that I agree to the above Terms of acceptance: Yes No

Signature

Date

**Additional Information for
Authorization for Criminal Background Investigation**

Previous Address(es) - within past twelve months

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Convictions (by plea of guilty, no contest or trial):

<u>Court Where Conviction Occurred</u>	<u>Date of Conviction</u>	<u>Name of Offense</u>	<u>Police Department or Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all convictions whether they have been expunged, purged, dismissed or otherwise resolved after a conviction.