



SENIOR SERVICES

Embrace Your Age

Driving Record/Criminal History Background Information

I give my permission for the following information to be used by Senior Services Midland County Council on Aging to secure information regarding my driving record, “conviction only” criminal history, and the Department of Community Health or State Bureau of Health Professionals excluded parties list.

I understand that the information provided below will be kept confidential and used for the sole purpose of checking my driving and criminal history records.

Position applied for: _____

Name: _____
Last First Middle

Date of Birth: _____ Sex: _____ *Race: _____

Social Security Number: _____

Driver’s License Number: _____ State: _____

Phone Number: _____ Email Address: _____

Length of time residing in Michigan: _____

Other states I have resided in:

State	Time
_____	_____
_____	_____
_____	_____

Alias names used including previous married names or maiden name:

Maiden Name: _____

Other Last Names: _____

Signature: _____ Date: _____

(By typing your name below, you acknowledge and give permission to Senior Services to conduct a background check as part of the hiring process. This includes obtaining information from previous states of residence if applicable.)

*Race is essential to assist Agency in providing required EEOC data.