



Background Screening Verification Check Consent

All LPYS employees, contracted service providers, volunteers, interns, etc. providing direct services to clients must complete.

I, the undersigned, understand the requirements of the position for which I am applying. I grant La Plata Youth Services full authority to obtain and share background information related to this application. Information sought may include, but not be limited to police contact, arrest records, criminal history, driving records, and the Central Registry of Child Abuse Reports. Information sought may reside in public entities.

Applicant Name: _____

DOB: _____

SS#: _____

Driver's License: State: _____ # _____

Signature: _____

Date: _____