



NORTH COUNTRY COMMUNITY MENTAL HEALTH SERVICES

Administrative Services
1420 Plaza Drive
Petoskey, Michigan 49770
Phone (231) 347-7890 Fax (231) 487-2374

CRIMINAL HISTORY RECORD CHECK FOR INDEPENDENT CONTRACTORS

I hereby give my permission to North Country Community Mental Health to verify information given on my contract and do hereby release North Country Community Mental Health, Michigan State Police and their assigns or successors from all liability or claims and authorize the Michigan State Police to release to North Country Community Mental Health Services my conviction criminal history information. I hereby give my permission to North Country Community Mental Health to check with the Michigan Department of State, Lansing, Michigan to verify my driving record. I have read and understand the foregoing Disclosure, and authorize North Country Community Mental Health to obtain and rely upon consumer reports or investigative consumer reports in considering me for services and, if I am retained, in considering me for subsequent assignment, reassignment, retention, or termination of services. By my signature below, I authorize the North Country Community Mental Health to obtain any such reports and to share the information received with any person involved in the employment decision about me.

PLEASE PRINT CLEARLY. North Country Community Mental Health agrees to use the information from the Department of State Police for verification in regard to providing services as an independent contractor.

FULL NAME (AS SHOWN ON YOUR DRIVER'S LICENSE):

REPRESENTING (Contracted Entity):

PREVIOUS NAMES OR ALIAS:

STATES YOU HAVE LIVED OR WORKED IN OUTSIDE OF MICHIGAN IN THE LAST FIVE YEARS:

CURRENT HOME ADDRESS:

DRIVER'S LICENSE NUMBER:

STATE:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

GENDER:

RACE:

APPLICANT EMAIL:

LAND PHONE:

CELL PHONE:

I agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Contracted Entity.

SIGNATURE: DATE:

DATE:

A COPY OF YOUR CURRENT DRIVER'S LICENSE/STATE ID IS REQUIRED TO BE SUBMITTED FOR IDENTITY VERIFICATION PURPOSES.

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Requested by: _____ Date: _____