



APPLICANT RELEASE AND AUTHORIZATION FORM

137Main St* Kalispell, MT 59901
752-0092 * Fax: 257-5182 *email@bbbsfc.org

I hereby authorize Big Brothers Big Sisters or other authorized representatives of the company bearing this release, or copy thereof, to obtain any information in our files pertaining to my employment, credit, criminal, driving record, Child and Family Services, educational records including, but not limited to, information concerning academic achievement, attendance, disciplinary actions, character, work habits, performance, experience and reasons for termination of past employment.

I hereby direct you to release such information upon request of Big Brothers Big Sisters or other authorized representatives of the company.

I hereby fully release and discharge my prospective employer or other authorized representatives of the company, their respective affiliates, employees, agents, attorneys and any individual organizations, entity, agency, or other source providing information to my prospective employer from all claims and damages arising out of or relating to any investigations of my background for employment and volunteer purposes.

I acknowledge that a telephonic facsimile or photographic copy shall be valid as the original. This release is valid for most federal, state, and county agencies.

PRINT FULL NAME _____
Other Names Used (Maiden, Divorced, Alias, Etc.) Please indicate date on which name was changed _____

SIGNATURE _____ DATE ____/____/____

WITNESS _____ DATE ____/____/____

CURRENT ADDRESS _____

CITY: _____ COUNTY _____ STATE _____ DATES _____

Driver's License# _____ State Issued _____ Years Held _____

Social Security # _____ Sex: _____ DOB: _____

Please supply all counties lived in for the past 10 years or since the age of 18:

Use separate sheet if necessary

1. City _____ County _____ State _____ Zip _____
Dates _____

Driver's License # _____ State Issued _____

2. City _____ County _____ State _____ Zip _____
Dates _____

Driver's License # _____ State Issued _____

3. City _____ County _____ State _____ Zip _____
Dates _____

Driver's License # _____ State Issued _____

Date of Request _____ Please forward any information regarding the potential Big Brother Big Sister whose signature appears above. Thank you.

Big Brothers Big Sisters of Flathead County

POLICE DEPARTMENT REPLY

DATE _____ No Record Found _____

SIGNATURE _____ Record Attached _____