

VAN BUREN COMMUNITY MENTAL HEALTH

Criminal History Check Release Form

**** PLEASE PRINT ****

As a prospective employee/intern/volunteer of Van Buren Community Mental Health, I understand that it is this organization's policy to secure criminal history information as part of their screening process using the information provided below.

I **have resided** in Michigan for the past 3 or more years, from the date of this application.

I **have NOT resided** in Michigan for the past 3 or more years, from the date of this application. I have resided in the following states in the past 5 years: _____

Please print your FULL name:

FIRST

MIDDLE

LAST

Name(s) previously used:

First

Middle

Last

First

Middle

Last

First

Middle

Last

Birth Date: _____
(Month, day, year)

Gender: Male Female

Ethnic ID: Alaskan Native Arabic/Middle East. Asian/Pacific Islander
 Black/African American Hispanic Multi-racial
 Native American White/Caucasian Other: _____

I understand that the above information is required by the Central Records Division of Michigan State Police, Lansing, MI. I authorize Van Buren Community Mental Health to utilize the above information for the sole purpose of obtaining a criminal history file search. I also understand VBCMH may be required to obtain a criminal history file search from other states if I have not resided in Michigan for the past 3 or more years.

Signature

Date