



**Authorization to Conduct Criminal Background Investigation**

I, \_\_\_\_\_, of my own free will, without promises of immunity, threats or coercion, agree to allow Camp Berea, Inc. to conduct a criminal background investigation on myself for the mutual benefit of myself and Camp Berea, Inc.

I hereby agree that the results of such investigation and its conclusion may be used by Camp Berea, its officers, agents and employees both orally and in writing, in order to process my employment application.

I full well understand that the results of this background investigation and the conclusions drawn therefore from Camp Berea, Inc., its officers, agents and employees may prove unfavorable to me. I do nonetheless hold Camp Berea, Inc., its officers and employees free and harmless to any claim I may otherwise have against them for any damages or liability to me resulting from this background investigation.

I understand that disclosure of a felony criminal record will not automatically disqualify me from employment consideration and that my case will be judged on its merits. I do, however, understand that falsification of information may bring about immediate dismissal.

In order to ascertain proper background information, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

I have complete a CRIMINAL RELEASE AUTHORIZARTION FORM and understand that a criminal background report will be requested and used for the purpose of evaluating me for employment, promotion, and retention as an employee.

Please print the following information:

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip
Date of Birth	Social Security #	Drivers License No.	State
Signature	Date		