



Returning Citizen Application Form

Birth Date _____ Prisoner # _____

Name _____ Male _____ Female _____

Address _____

Home Phone # _____

Name of Current Prisoner Facility:

Name of Sponsoring Church:

Name of Church Pastor:

Are you a member of this church? Yes/No

Date of Offence ____/____/____ Date Sentenced ____/____/____ Date of Parole ____/____/____

Which vocational trade interests you? Please Pick 3 in case the trade you have chosen is unavailable by the time of your release:

Carpenter Plumber Electrician Cement Mason HVAC

Why should C.O.D accept you into its prisoner aftercare program?

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand the need to secure a background check into my personal references and my person and criminal history to determine my fitness to serve as a Mentor for **C.O.D.** I waive my right to confidentiality and authorize the release to Correcting One's Destiny any personal background information from any source, in its investigation of my criminal history.

Signature / Date

Printed Name of Signatory

Please fill out and return to: Correcting One's Destiny P.O. Box 1162, Mt. Clemens, MI 48046

DISCLOSURE

DISCLOSURE--Must be a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure. Sample language is shown below:

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681---1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I, _____	_____	_____
Last Name	First Name	Middle Name
Current Address	Dates Lived Here	
Addresses for the Past Five Years: (include street, city, state, zip code)	Dates of Residence:	
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State
Email address (may be used for official correspondence)		

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

9 CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

9 MASSACHUSETTS APPLICANTS ONLY: Under Massachusetts law, an employer is prohibited from making written, preemployment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.