

# BULVERDE SPRING BRANCH ACTIVITY CENTER



## Background Check Consent Verification

<b>APPLICANT INFORMATION</b>									
Last Name		First		M.I.	Date				
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Social Security No.									
Date of Birth:									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Signature: _____ Date: _____									
I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information, I could be found guilty of a misdemeanor and fine up to \$5,000.00									
<b>BSBAC REPRESENTATIVE SIGNATURE:</b>									