



**Criminal Background Screening Consent Form  
Employee/Volunteer  
(14 years of age or older)**

I understand it is the Novi Public Library's practice to secure criminal and/or driving history information as part of the screening process using the information provided below. Information on this form is kept on file for no longer than one year after approval date for volunteers.

**Print or type legibly. This form MUST be filled out in its entirety. Incomplete forms will NOT be processed.**

Type of interaction with NPL: Employee \_\_\_\_ Volunteer \_\_\_\_

**REQUIRED:** Name of staff you are in contact with: \_\_\_\_\_

Department: Youth \_\_\_\_ Teen \_\_\_\_ Adult \_\_\_\_ Admin \_\_\_\_ Programs \_\_\_\_ Facilities \_\_\_\_ Friends \_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_  
First Last

Maiden name previously used: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*only needed if you do not have a Driver's License

\*Passport ID #: \_\_\_\_\_ \*only needed if you do not have a Driver's License or Social Security Number

I hereby authorize the Novi Public Library to conduct, by an individual, a conviction only criminal background history search and sex offender registry search. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual to the Novi Public Library. I further hereby release the individual conducting the search, and the Novi Public Library, from any and all liability, claims and damages, including, but not limited to, claims for releasing or using any information revealed as a part of this search.

I also understand and acknowledge that false information provided by me (applicant) on criminal convictions will result in disqualification from employment with the Novi Public Library or in dismissal from employment if an offer of employment has been made and accepted. The Novi Public Library reserves the right to terminate my volunteer service at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*only needed if applicant is under the age of 18.

**OFFICE USE ONLY**

Requesting Supervisor/Staff: \_\_\_\_\_

Date Volunteer work begins: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Volunteer work ends: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ongoing: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_

Approved ( ) Denied ( ) By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_