



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

As a present or prospective employee and/or volunteer for the Novi Public Library, 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.

Type of interaction with NPL: Employee ____ Volunteer ____

REQUIRED: Staff person you are in contact with: _____

Department: Youth ____ Teen ____ Adult ____ Admin ____ Programs ____ Facilities ____ Friends ____

Name: _____
Last First Middle

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 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: ____/____/____

45255 Ten Mile Road Novi, MI 48375 / Administration Office: 248-869-7204