



Criminal Background Screening Consent Form (14 years of age or older)

As a present or prospective employee/volunteer/presenter/contractor 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. A background check is required for presenters providing virtual and/or in-person programming that is hosted by the Novi Public Library. Information on this form is kept on file for no longer than one year after approval date. Please be advised that volunteers/contractors who are non-Michigan residents may be charged a \$20.00 fee for a background check.

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

Name of Library staff person you are in contact with: _____

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

Type of interaction with NPL: Employee ___ Volunteer ___ Presenter/Speaker ___

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: _____

Program Date: ____/____/____ Program Title: _____

Position applying for: _____

Approved () Denied () By: _____ Date: ____/____/____