

# The ATRIUM... a Choice Community

A Non Profit Organization

216 Main Street

Johnstown, PA 15901

Phone (814) 535-5347

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## AUTHORIZATION FOR REQUEST FOR CRIMINAL BACKGROUND CHECK

DATE: \_\_\_\_\_

I, HEREBY, AUTHORIZE THE ATRIUM...A CHOICE COMMUNITY TO SUBMIT, THE INFORMATION BELOW TO THE PENNSYLVANIA STATE POLICE AS A REQUEST FOR A CRIMINAL BACKGROUND CHECK. THE REPORT RECEIVED FROM THE PENNSYLVANIA STATE POLICE WILL BE MAINTAINED ON FILE.

I UNDERSTAND THAT MY EMPLOYMENT AT THIS TIME IS CONDITIONAL UPON THE INFORMATION RECEIVED FROM THE PENNSYLVANIA STATE POLICE AND THAT I MUST CEASE WORKING SHOULD THE STATE POLICE CRIMINAL HISTORY BACKGROUND REPORT NOT ARRIVE BY THE 30<sup>TH</sup> DAY OF CONDITIONAL EMPLOYMENT.

I FURTHER UNDERSTAND THAT MY EMPLOYMENT WILL BE TERMINATED IMMEDIATELY IF THE STATE POLICE REPORT REVEALS ANY CONVICTIONS FOR PROHIBITIVE OFFENSES CONTAINED IN ACT 169 OF THE OLDER ADULT PROTECTIVE SERVICES ACT, OR IF THE REPORT DISCLOSES ANY FELONY OR MISDEMEANOR CONVICTIONS, WHICH IN THE EMPLOYER'S OPINION, WOULD ADVERSELY AFFECT SUITABILITY FOR EMPLOYMENT.

NAME: (LAST)		(FIRST)	(MIDDLE)		
MAIDEN NAME (ALIASES)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	RACE	

I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO SWEAR THAT I HAVE NO CONVICTIONS FOR PROHIBITIVE OFFENSES CONTAINED IN ACT 169 OR ANY OTHER FELONIES OR MISDEMEANORS.

SIGNATURE: \_\_\_\_\_

