



P.O. Box 580460
Tulsa, Oklahoma 74158-0460
918.508.7146
Fax: 918.584.4588
www.CatholicCharitiesTulsa.org

SAINT ELIZABETH LODGE APPLICATION

General Applicant Information

Application Date: _____

Applicant: _____ SSN# _____
(Last) (First) (Middle)

Date of birth: _____ Phone # _____

Email address: _____

Marital status: Married ___ Single ___ Separated ___ Divorced ___ Widowed ___

Other names you have used: _____

Education: (check highest level of education that applies)

- _____ Some High School
- _____ H.S. diploma/GED
- _____ Some college
- _____ College degree or higher

Have you ever served in the U.S. Military? _____ Yes _____ No

If yes, provide dates of service: _____ to _____

Household members currently living with you:

<u>Last name</u>	<u>First</u>	<u>Age</u>	<u>Relationship</u>

Other Children:

(Please provide information about any other children who are not currently living with you, including with whom they are living)

<u>Last Name</u>	<u>First</u>	<u>Age</u>	<u>Relationship</u>	<u>Where Living</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please describe the issue(s) leading you to apply for housing at St. Elizabeth's Lodge:

APPLICANT RESIDENTIAL HISTORY

Current Address:

Address: _____
(Street) (City) (State) (Zip) (Phone. Include area code)

Dates of Residency: _____ to _____

Is current address the home of: Self/Friend/Relative/Motel/Shelter (Circle one)

Prior Addresses

(Please include information for the 5 years prior to submitting this application)

1) Previous address: _____
(Street) (City) (State) (Zip)

Landlord: _____ Phone: _____

Dates of Residency: _____ to _____

2) Previous address: _____
(Street) (City) (State) (Zip)

Landlord: _____ Phone: _____

Dates of Residency: _____ to _____

(If additional space is needed, please use the back of this sheet).

Have you ever lived in other shelters or transitional housing, lived as an adult rent-free in another person's home and/or subsidized housing? Yes _____ No _____ (If Yes, indicate below)

Name of person, shelter, etc.: _____

Address: _____
(Street) (City) (State) (Zip) (Phone. Include area code)

Dates of Residency: _____ to _____

(If additional space is needed, please use the back of this sheet).

APPLICANT FINANCIAL HISTORY

Do you have any unpaid debts? (check all that apply)

Utilities \$ _____	Rent \$ _____	Bank loans \$ _____
Car Loans \$ _____	Education \$ _____	Court fines \$ _____
Child Support \$ _____	Medical Bills \$ _____	Other \$ _____

In addition to income, do you receive any of the following? (check all that apply)

_____ Disability/SSI _____ Child Support _____ Food Stamps _____ WIC _____

APPLICANT EMPLOYMENT HISTORY

(Please include information for the 5 years prior to submitting this application)

Current Employer:

Place of Employment: _____ Job Title: _____

Address: _____ Phone: _____

(Street) (City) (State) (Zip) (Include Area Code)
Date(s) of Employment: _____ Number of hours worked/week: _____

Hourly Wage: \$ _____ per hr/wk/month. **Gross pay per month:** \$ _____ Pay Days: _____

If you are not currently employed, please check here: _____

Previous Employer:

Place of Employment: _____ Occupation: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include Area Code)

Supervisor: _____ Salary: _____

Dates of Employment from: _____ to _____ Why did you leave? _____

Previous Employer:

Place of Employment: _____ Occupation: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include Area Code)

Supervisor: _____ Salary: _____

Dates of Employment from: _____ to _____ Why did you leave? _____

If additional space is needed, please use the back of this sheet.

SPIRITUALITY

Do you attend Church? Y/N Often Occasionally Seldom Never

Do you consider yourself a member of a particular religion? Y/N Religion: _____

Home Church: _____

As part of living at St. Elizabeth Lodge, you are required to attend church services of your choice on Sundays (or Saturday evening). Will you have trouble agreeing to those terms? Y/N

If yes, please explain: _____

APPLICANT FAMILY HEALTH HISTORY

Please provide the following information for yourself and your children:

Physician:

Name: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include area code)

Pediatrician:

Name: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (Include area code)

Medical Issues:

Please list any medical conditions/disabilities with which you have been diagnosed or for which you are receiving treatment:

Please list any medical conditions/disabilities with which any individual listed on Page 1 of this Application has been diagnosed and/or is receiving treatment:

Mental Health:

1. Have you or any individual listed on Page 1 of this application seen a mental health provider in the past 10 years? If yes, please provide the following information regarding those providers:

Name: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip) (include area code)

Name: _____

Address: _____ Phone: _____

(Street) (City) (State) (Zip) (include area code)

2. Are you experiencing any of the following symptoms/problems? (please circle all that apply)

- | | | |
|---|--|------------------------------------|
| Moodiness | Conflicts with others | Changes in/trouble sleeping |
| Uncontrolled anger | Impulsivity | Lack of friends/loneliness |
| Sadness | Feelings of worthlessness | Nervousness/anxiety |
| Obsessive | Unreasonable fear/panic | Discomfort in crowds |
| Argumentative | Changes in eating patterns | Suicidal Thoughts |
| Visual hallucinations
(seeing things that are not present) | Auditory hallucinations
(hearing things that are not present) | Homicidal Thoughts |

Please list any mental health conditions with which you have been diagnosed or for which you are receiving treatment:

Condition	Date of Diagnoses	Receiving Treatment?	Hospitalizations due to condition? Include dates.
		Yes/No	Yes/No Dates: _____
		Yes/No	Yes/No Dates: _____
		Yes/No	Yes/No Dates: _____
		Yes/No	Yes/No Dates: _____

Please list any mental health conditions with which any family member listed on Page 1 of this Application has been diagnosed and/or is receiving treatment:

Family Member	Condition	Date of Diagnoses	Receiving Treatment?	Hospitalizations due to condition? Include dates.
			Yes/No	Yes/No Dates: _____
			Yes/No	Yes/No Dates: _____
			Yes/No	Yes/No Dates: _____
			Yes/No	Yes/No Dates: _____

Please complete the following chart concerning medications currently prescribed to you or to family members listed on Page 1.

Medication	Family member taking medication	Condition for which medication prescribed	When did you begin taking this medication?

Substance Use History:

Tobacco:

1. Have you ever used any forms of tobacco? Yes No
 2. If yes, what form(s) of tobacco have you use in the past? (check all that apply)
 Cigarettes Cigars E-cigarettes Chewing Tobacco Other
 3. How many times on an average day do you use tobacco? _____
 4. Have you ever been involved in a program to help you quit using tobacco?
 Yes No
 5. If so, which self-help group was used? _____
-

Alcohol

1. Have you previously used alcohol? Yes No
2. If yes, age of first use: _____
3. Have you used alcohol in the past 30 days? Yes No
4. Frequency of alcohol use (check one):
 less than once/month
 monthly
 weekly
 several times/week
 daily
 several times/day
5. When you use alcohol, how many drinks to you usually consume (check one):
 one
 two – three
 four – five
 more than five
6. Have you previously been involved in a program to help you stop using alcohol?

- _____ Yes _____ No
7. If yes, indicate the name of the program and provide approximate dates of attendance:

Drug Use

1. Have you previously used illegal drugs? ___ Yes ___ No
2. If yes, please list:

3. Have you used in the past 30 days? ___ yes _____ No
4. Approximate date of last use: _____ Drug(s) used: _____
5. Describe frequency of use (check one):
_____ less than once/month
_____ monthly
_____ weekly
_____ several times/week
_____ daily
_____ several times a day
6. Have you been involved in a program to help you quit using drugs? ___ Yes ___ No
7. If yes, indicate the name of the program and provide approximate dates of attendance:

Family and Relationships History:

1. Is there a family history of addictions? ___ Yes _____ No
2. If yes, please describe:

3. How would you describe your relationship with your children?
___ Good ___ Fair ___ Poor ___ Close ___ Stressful ___ Distant ___ Other _____
4. What do you and your family do for fun?

5. Identify the people who are supportive of you and your family: (Check all that apply)
___ Parents ___ Other family ___ Friends _____ Church group _____ Other

APPLICANT LEGAL HISTORY

1. Have you ever been arrested and/or charged with a crime? _____ Yes _____ No
2. If yes, please indicate the charge(s) and approximate date(s) of those charges:

3. Are you currently or have you ever been on probation? _____ Yes _____ No
4. Do you currently or have you ever had a case before DHS? _____ Yes _____ No
If yes, please describe the circumstances of your case, and indicate whether and how it was resolved or whether it is still pending.

Are you or have you ever been affected by any of these situations? (Check all that apply)

Domestic Violence Substance Abuse Eviction Child custody (Removal)

Please describe:

Is this a current issue? Y / N

When was the last time these incidents occurred? _____

PLEASE READ CAREFULLY AND SIGN

I authorize the Director of Saint Elizabeth Lodge or their designee to verify information on the application and to contact other social service agencies to render assistance and verify eligibility for service. Social Security Numbers may be used for the purpose of identification.

I understand and accept that references and other information will be verified prior to our being contacted for an interview to determine our eligibility for the Saint Elizabeth Lodge Transitional Housing Program.

I also understand that Saint Elizabeth Lodge is a temporary short-term transitional program with limited space and there may be a waiting list. Completing an application does not guarantee housing at Saint Elizabeth Lodge.

Signed: _____ Date: _____

Required Documentation:

Do not enclose documentation with your application. These are required at the time of interview.

- Birth Certificate for each individual
- Social Security cards for each individual
- Copy of driver's license or valid State I.D. for each person as applicable
- SoonerCare or other health insurance cards
- Copy of bank statements (checking and savings)
- Current copies of Pay stubs for past 30 days
- W-2
- Auto Insurance Verification



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Release of Information

Date: _____

I, _____ give permission to Catholic Charities
of Tulsa to receive from _____

_____ records pertaining to _____.

These will be kept in my confidential Personal File and are used only as references.

All records should be sent to: Catholic Charities/Saint Elizabeth Lodge

P.O. Box 580460
Tulsa, OK 74158-0460

Or fax to: (918) 584-4588

Thank you for your prompt response to this request.

Sincerely,

(Applicant's signature)



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St. Elizabeth Lodge Policies and Procedures

Please review and initial the following Policies and Procedures. Initialing following each section indicates your agreement with the policies in each section. If you have questions regarding any policy contained herein, please ask a staff member to clarify the policy in question.

Housing Requirements

1. Residents must be employed on at least a part-time basis to be considered for housing at St. Elizabeth's Lodge.
2. Children are allowed through the age of 18, provided they are enrolled in high school. All school-age children residing in St. Elizabeth's Lodge must be enrolled in school.
3. Applicants must present evidence of work history, including prior W-2 forms and a current pay stub as evidence of current employment.
4. Background criminal history checks are performed on all applicants prior to interview.
5. Catholic Charities is a Tobacco Free Campus. Smoking (including use of e-cigarettes) or use of other tobacco products on campus is not permitted.
6. Possession or use of illegal drugs (including, but not limited to drugs for which a valid prescription is lacking), drug paraphernalia or alcohol is not allowed.
7. No weapons are permitted on the Catholic Charities campus.
8. Violation of Rules #5-#7 will result in disciplinary action, up to and including termination from the St. Elizabeth Lodge program.

9. Drug testing is performed on all St. Elizabeth Lodge applicants, including children over the age of 15, prior to admission. Catholic Charities reserves the right to perform random drug testing on residents of St. Elizabeth Lodge during residency.
10. Upon move-in, you are expected to stay in your apartment each night. Overnight passes are allowed for special circumstances only. Requests for overnight passes must first be approved **in writing** by your Case Manager and the Coordinator. Such requests may be denied at the discretion of residential program staff.

_____ Initial

Financial Responsibility

1. Residents must maintain at least part-time employment during their residency and will be required to report all forms of income to their Case Manager. "Income" includes, but is not limited to, wages, child support, SSI, TANF, WIC and food stamps.
2. As a resident of St. Elizabeth Lodge, you will be required to deposit 35% of all income received into a Catholic Charities account. These deposits will be held in savings for your family and returned upon leaving the program.
3. Prior to move-in, residents must pay a one-time, non-refundable deposit of \$125.00.
4. Upon move-in, residents are provided with an apartment key and a fob to enter the gate and main entrance of St. Elizabeth's Lodge. Lost keys and/or fob will be replaced at a cost of \$15.00 per lost item.
5. Upon move-in, you will meet with a residential program staff member to review procedures for deposit of income. Income verification, including but not limited to pay stubs, is to be submitted to your Case Manager. Failure to deposit 35% of all income received and to provide income verification will result in disciplinary action, up to and including termination from the St. Elizabeth Lodge program.
6. Your Case Manager will assist you with budgeting and financial goals as part of required case management. This assistance is included as part of your weekly case management meetings.
7. In the event you lose your job or another source of income (e.g., SSI benefits), you are required to notify your Case Manager **no later than** the next business day. You will be required to demonstrate as part of case management that you are actively looking for another job in order to remain in the program. Additionally, you may be asked to meet other requirements as determined by your Case Manager and the Program Coordinator.
8. Eligible residents are required to apply for benefits such as SNAP (food stamps) and WIC. Your Case Manager will assist you in determining your eligibility and in applying for these programs.

_____ Initial

Resident Apartments

1. As a resident of St. Elizabeth's Lodge, you are expected to keep your apartment clean and free of clutter. Apartment inspections will be performed by residential program staff as part of your program of case management.
2. Staff may also enter your apartment in order to perform necessary maintenance.
3. Never leave food sitting out in your apartment. This creates a problem with insects and other pests. All food should be stored in containers.

4. The stove and oven should be turned off when food is not being prepared. Due to the sensitivity of apartment smoke alarms, we ask that you not cook with oil and that you cook on low or medium heat only when preparing food.
5. Plug-in air fresheners, candles and the like are not permitted in the apartments due to fire concerns.
6. Do not allow trash to accumulate in your apartment. Trash should be taken out of your apartment every one to two days.
7. St. Elizabeth's Lodge offers furnished apartments. In order to maintain the apartment for future residents, we ask that you not bring furniture, appliances or other kitchen items, as these are already provided. You may bring a TV into the apartment. Toys, clothing and other personal items are acceptable. If you are unsure whether a particular item is permitted, please ask your Case Manager or the Program Coordinator before bringing it into the apartment.
8. To reduce costs for maintenance and repair, we ask that residents not hang items on the walls and windows, from the ceilings or anywhere else in the apartment. Please do not remove or dismantle items already in the apartment to hang personal items.
9. In the event furniture or other items in the apartment are damaged or destroyed, your family may be required to deduct replacement/repair costs from your St. Elizabeth's Lodge savings account. Depending on the damage at issue, destruction of Catholic Charities property may result in additional consequences, up to and including termination of your residency at St. Elizabeth's Lodge.
10. Guests are not permitted in St. Elizabeth Lodge apartments. If you need to schedule an appointment at St. Elizabeth's Lodge (e.g., DHS home visits, school professionals), you are required to obtain approval from your Case Manager and the Program Coordinator. We ask that you socialize with friends and family off-campus.
11. Before leaving your apartment, please ensure that all lights, ceiling fans and appliances are turned off. When leaving for the day, turn up the thermostat and close your window blinds to help us conserve energy.
12. We make every effort to make St. Elizabeth's Lodge a safe environment for our residents. Please assist us by locking your apartment whenever you leave and keeping your keys with you at all times. Do not leave personal items in the common areas where they could be lost or stolen. Catholic Charities is not responsible for lost, stolen or damaged items.

_____ Initial

Common Areas

1. Chores will be assigned to each family during the week in order to keep the common areas in St. Elizabeth's Lodge clean for all residents. Chores are posted on Monday morning on the bulletin board in the Laundry Room and chore descriptions are posted in the same area. Your family is responsible for completing the assigned chore daily until the following Sunday night.
2. A curfew of 8:00 p.m. is in effect for the family/TV room, the playroom, the laundry room and the playground. During the school year, the playground curfew is 7:00 p.m.
3. The Library is available for resident use only when staff is on duty in St. Elizabeth's Lodge. Tutoring is available for elementary and middle school children in the Library on weeknights during the school year. Please speak to your Case Manager about the tutoring schedule.

4. The Laundry room is available from 7:00 a.m. until 8:00 p.m. Please do not start a load of laundry after 7:00 p.m. Please clean up after yourself in the laundry room (i.e., clean out the dryer lint traps, wipe up spilled laundry detergent, etc.). Remove your clothes from the washer/dryer in a timely manner. Other residents are permitted to remove your items from the washer/dryer if you have left them for more than 15 minutes.
5. Please check the bulletin board in the Laundry room. Staff will post information about classes, employment and entertainment opportunities and update information on a regular basis.
6. A telephone is available for resident use in the family/TV room. Priority will be given to those using the phone for business purposes. Please keep your calls to a maximum of 10 minutes and speak quietly so as not to disturb others.
7. Curfew for St. Elizabeth's Lodge is 10:30 p.m. You should arrange to be at home no later than curfew or advise your Case Manager if you have a special event that necessitates your late arrival. Please be aware that the pedestrian gate accessing the residential area is locked after 9:00 p.m. Should you arrive home late, your key fob will not open the vehicle gate and you will have no way to enter the property.

_____ Initial

Mandatory Meetings and Appointments

1. All residents are required to meet at least once a week with their assigned Case Manager as part of their Plan of Care. These meetings will last around one hour per session and are designed to help you identify problems and develop skills necessary for independent living.
2. Attendance at weekly counseling sessions is mandatory as part of your residency at St. Elizabeth's Lodge. Depending on the needs of your family, as identified during your resident interview or in the course of case management, residents may be asked to schedule counseling for one or more children and/or to attend counseling more frequently than once a week.
3. Resident meetings will be held once each month on Tuesday evenings. These meetings provide an opportunity to meet other residents, to discuss questions or concerns about St. Elizabeth's Lodge policies and to be advised of upcoming events at Catholic Charities and in the community. Attendance at these meetings is expected and permission to be absent will be granted only in exceptional circumstances.
4. Additional mandatory meetings/classes may be scheduled from time to time. Every effort will be made to inform you of these meetings in a timely manner and to assist you with finding childcare. Should you be unable to attend a meeting, you may be asked to schedule an additional meeting with your Case Manager to review the information covered during the meeting.
5. Individual residents may be asked by their Case Manager to attend other meetings as part of their personal Plan of Care. Such requirements are determined on a case-by-case basis and may include AA or Al-Anon meetings, group counseling or attendance at G.E.D. classes.

_____ Initial

Interaction with Staff and Other Residents

Revised 01/17

1. All residents are expected to treat each other, and residential program staff, with respect and courtesy. Please remember that this is your home. Keep your voice low in common areas so as not to disturb other residents. Yelling, profanity or use of vulgar language is not acceptable. Any behavior deemed to constitute a threat, intimidation or harassment should be immediately reported to your Case Manager or the Coordinator. Such conduct is not appropriate and may lead to termination from the program.
2. Although this is your residence, please remember that St. Elizabeth's Lodge is also a community. Residents are expected to dress modestly whenever they are in the common areas. Shoes are required at all times outside the individual apartments, for both adults and children.
3. Parents are responsible for the safety and care of their children. Children should not be left unattended, regardless of age and may not stay in apartments when parents are not at home. If this is a concern (e.g., after-school care is unavailable for your child), please speak with your Case Manager to determine if alternate arrangements can be made.
4. Do not request that other residents babysit your children. Similarly, do not ask other residents to borrow items including, but not limited to, household supplies, food and clothing. Do not ask other residents for assistance with transportation. If you are in need of any of these items, please speak to residential program staff.

_____ Initial

Transportation

1. Any vehicle you bring to St. Elizabeth's Lodge must be in good working order. Non-working vehicles may not be left on Catholic Charities' property.
2. Resident vehicles must have current tags, registration and insurance. Residents must have a current driver's license. This documentation must be provided to staff upon move-in.
3. Residents will be issued a parking permit for the St. Elizabeth's Lodge parking lot. Failure to properly display this permit may result in your vehicle being towed.
4. Residents may not loan their vehicle to another resident or offer a ride to another resident unless this arrangement is first approved **in writing** by your Case Manager and the Coordinator.
5. For incidents involving a medical emergency, please contact 911.

_____ Initial

Moving Out

1. Residents are asked to provide their Case Manager or the Coordinator at least two weeks' notice prior to moving out. An exit interview will be conducted during this two week period.
2. Please leave the apartment clean prior to moving out. Staff will inspect the apartment upon exit. Loss or damage to Catholic Charities' property and/or cleaning costs may be deducted from your savings prior to issuance of your final check to cover needed repairs.
3. Residents should arrange to return their keys, fob and parking permit (if any) to their Case Manager or the Coordinator prior to moving out.
4. Former residents are expected to maintain the confidentiality of other current or former Catholic Charities' residents.

_____ Initial

Additional Items

1. In the event you have a concern or disagreement, you are encouraged to advise staff. You may do so anonymously, by placing a complaint under the door of the Coordinator or a Case Manager, or you may file a formal complaint by requesting a form from any staff member.
2. Not all rules or expectations are covered in this document. Requirements for your individual Plan of Care may differ depending on your needs and those of your family as determined with your Case Manager.

_____ Initial

By initialing the above Policies and Procedures and signing below, I agree that, if accepted as a resident of St. Elizabeth’s Lodge, I will abide by the Policies and Procedures in full. I also understand that St. Elizabeth’s Lodge reserves the right to modify the above Policies and Procedures at any time in its discretion.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

AmericanChecked, Inc.

Investigative / Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me for employment/volunteer-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment/volunteerism, promotion or any other lawful purpose. I agree that such information, and my employment history, may be supplied to AMERICANCHECKED, INC. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past: 3 years 5 years 7 years 10 years
(Attach a separate sheet if more space is needed.)

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

Sex: Male Female Race: Asian Black Hispanic White Other _____
(circle one) (circle one)

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave. Ste. 211, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

(Oklahoma, Minnesota, or California residents requesting a copy of their credit report will receive a copy of the report pulled directly from Trans Union LLC)

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
 Minnesota Applicants Only: I request a copy of any consumer report requested on me.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis St Ste. 211 Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
(California applicants only)

Please complete the following:

Name _____

Address _____

City _____ Zip _____

Company Name: _____ **Location No.:** _____