



Unity of Indiana

“Your Case Management Team”

3209 W Smith Valley Suite 124

Greenwood, IN 46142

Office: 317-888-1481

Fax: 317-888-1491

www.unityofindiana.com

Authorization for Release of Information

I understand that I am applying for a position to work at Unity of Indiana and acknowledge that the burden of proving my qualifications is at all times upon myself. I further understand that an investigation of my background, character and work history will be completed prior to employment. This authorization is given freely and voluntarily waiving any disclosure of information under the Privacy Act.

I do hereby authorize a representative from Unity of Indiana to obtain any and all information relative to my future employment.

Signature of Applicant

Date

INFORMATION REQUESTED

APPLICANT'S NAME:

Former Name if applicable:

1) Was individual employed by your firm? _____ Yes _____ No

2) What was the applicant's job title?

3) What were the applicant's job duties?

4) When was the applicant employed by your firm? _____ to _____

5) What was the applicant's reason for leaving?

6) Is the applicant eligible for re-hire? _____ Yes _____ No

7) Was the applicant's honesty or truthfulness ever in question? _____ Yes _____ No

Reason: _____

8) Was there evidence of drug or alcohol abuse? _____ Yes _____ No

9) Do you consider the applicant to be of good character? _____ Yes _____ No

10) Does the applicant work well with people? _____ Yes _____ No

BUSINESS NAME AND ADDRESS _____

Signature of person completing information: _____



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Criminal History Check Release Form

Unity of Indiana shall request a Criminal History from the Indiana State Police. Based upon these findings; an employee may be terminated. This request is a result of the following federal and state mandates:

Pursuant to the Federal Register W152; “The facility must prohibit the employment of individuals with a conviction or prior history of child or client abuse, neglect, or mistreatment.”

Also, in compliance with Indiana Governor Evan Bayh’s Executive Order 90-5 which addresses the use of illegal drugs and alcohol in the workplace, this agency will comply with that Executive Order 90-5 as defined in the Unity of Indiana Personnel Policies & Procedures Handbook.

_____ I hereby give my permission for the release of the findings of the criminal history check to Unity of Indiana.

_____ I do not give my permission for Unity of Indiana to request a criminal history check from the Indiana State Police.

Prospective Employee Signature

Date

Prospective Employee First, Middle and Last Name

Date of Birth

Social Security Number

Driver’s License Number