

**COLORADO ASSOCIATION OF BLACK PROFESSIONALS,
ENGINEERS AND SCIENTISTS (CABPES)**
AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

I, _____, hereby authorize CABPES and/or their agent to conduct an appropriate background investigation of my former employment and criminal records for determination of my eligibility for employment/volunteering. I authorize all persons who may have information relevant to this investigation to disclose it to CABPES and/or their agent. **I release and agree to hold harmless all persons providing such information and CABPES its officers, directors, employees and agents from liability on account of such disclosure.** I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that my employment is contingent on receipt of satisfactory background results. I further understand that I have a right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested.

Full Name (No Nicknames)		
_____	_____ - _____ - _____	
Maiden/Other Names Used	Date Last Used	
_____	_____ - _____ - _____	
Maiden/Other Names Used	Date Last Used	
_____ - _____ - _____	_____/_____/_____	_____
Social Security Number	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
Drivers License Number	State	

Have you been convicted in the last seven (7) years of (or is action pending by any law enforcement agency for) any violation? (Include courts martial, but do not include juvenile convictions or traffic violations resulting in a fine of \$100 or less.)
 Yes () No () If yes, list all violations below, include dates and arresting agency. Attach additional pages if necessary.

A conviction will not necessarily bar an applicant from employment.

ALL ADDRESSES FOR THE LAST FIVE YEARS:

1.	_____ / _____ / _____	_____ / _____
Street	City	County State Zip Years From-To
2.	_____ / _____ / _____	_____ / _____
Street	City	County State Zip Years From-To
3.	_____ / _____ / _____	_____ / _____
Street	City	County State Zip Years From-To
4.	_____ / _____ / _____	_____ / _____
Street	City	County State Zip Years From-To

(attach additional pages if necessary)

_____	_____
Signature	Date