

l,	, hereby authorize Mount Hope	Farm to obtain information
federal laws. This information wil	l include, but not be limited to all	olation of municipal, county, state o egations regarding and convictions
•	ors and will be gathered from any	_ ,
_	ernment, or from third-party provi	ders of information originally
obtained from law enforcement	or court records.	
I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until Mount Hope Farm receives notification from that agency clearing me, my application will be deferred.		
As an applicant for Mount Hope	Farm. Lattest to the truthfulness o	f the representations I have made. I
		itted abuse or neglect of a child, nor
-	hild abuse or neglect in this or an	_
-	ave made is found to be false, I wi Hope Farm, or if already accepted	II be denied employment and/or , terminated from my Mount Hope
Signature	Date	
Full Name of Applicant		
Street Address		
City, State, Zip		
Date of Birth	Sex	Race
Social Security Number		
Driver's License Number	State of Issuance	Expiration Date
Email Address		

Background Check Consent 2021/2022