



AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Jewish Community Center of Cleveland, or any of its agents, to make written or oral inquiries of any of my former employers, references, doctors, or any schools or educational institutions which I attended, or any law enforcement authorities or agencies, or hospitals, concerning any information given by me in my application of employment. I give permission for the Jewish Community Center to complete any background investigation required for employment. I certify that the information contained on the application, which I have completed, is correct, to the best of my knowledge. I understand that deliberate falsification of this information is grounds for dismissal. I release all parties from all liability for any damages that may result from furnishing this information to you.

Signature of Applicant: _____ Date: _____