



 **Veteran Corps of Artillery, State of New York** 

To Whom It May Concern:

I hereby authorize a criminal background report be requested and obtained by the bearer of this authorization in connection with my membership in the Veteran Corps of Artillery State of New York. I understand the information obtained by this request is derived solely from public records which may not be accurate or complete. I understand my present or prior employer will not be contacted by the bearer of this original authorization. I hereby release the Veteran Corps of Artillery State of New York and all entities providing information and reports about me from any and all liability arising out of the request for or release of information or reports. The information contained within this authorization is true and accurate to the best of my knowledge.

***Please purchase a background check on the VCASNY.org website (<http://www.vcasny.org/product-category/new-member-applications/>), and then complete this application in its entirety and email to [bill.mcshane@wjmenterprises.com](mailto:bill.mcshane@wjmenterprises.com) (email this form to WJM Enterprises only, not the VCASNY). You may also mail a printed copy to:***

***WJM Enterprises LLC  
343 East 74th Street APT 8L  
New York, NY 10021***

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Years at this address \_\_\_\_\_

Admitted convictions (please provide years(s) of convictions, state and charge(s). Use a separate page if necessary.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**This information is confidential and this form will be destroyed after the search is complete.**