

Applicant Background Check Consent Form

Please read the following disclosure and authorization carefully, then complete the information below to authorize a background check for employment or volunteer purposes.

Disclosure & Authorization Statement

By signing below, I hereby authorize the Company, its agents, and consumer reporting agencies to conduct a comprehensive background check. I understand this background investigation may include, but is not limited to, verification of social security number, prior employment history, education, criminal records, motor vehicle records, and personal references. I release all parties from any liability for damage that may result from providing this information.

Applicant Information

Full Legal Name (First, Middle, Last):

Other Names Used (Maiden, Aliases):

Date of Birth (MM/DD/YYYY):

Social Security Number:

Driver's License Number & Issuing State:

Current Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Acknowledgment and Consent

I acknowledge receipt of this disclosure and authorize the background check. (If printing this form, please sign and date on the lines below.)

Applicant Signature (or Typed Legal Name):

Date: