

Background Check Authorization Form

Disclosure Regarding Background Investigation

The company indicated below may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates.

These reports may contain information regarding your credit history, criminal history, social security number verification, motor vehicle records ("driving records"), military service, education or employment history, or other background checks.

Acknowledgment and Authorization

By signing below, I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by the agency and/or the company.

Applicant Information

First Name:

Middle Name:

Last Name:

Other Names Used (Maiden Name, Aliases):

Date of Birth (MM/DD/YYYY):

Social Security Number (SSN):

Driver's License Number:

Issuing State:

Current Street Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

Authorization Signature

I acknowledge receipt of the Disclosure Regarding Background Investigation and certify that I have read and understand this document.

Applicant Signature (Sign in print):

Date (MM/DD/YYYY):