

Credit and Background Check Consent Form

Please read and complete this form to authorize a background and credit check. This form will be printed and signed upon completion.

Applicant Information

Full Name (First, Middle, Last):

Other Names Used (Maiden, Alias):

Social Security Number:

Date of Birth (MM/DD/YYYY):

Driver's License Number & State:

Phone Number:

Email Address:

Address History

Current Street Address:

City, State, Zip Code:

Previous Street Address (if less than 3 years at current):

Previous City, State, Zip Code:

Authorization and Consent

By signing below, I hereby authorize the requesting organization to conduct a comprehensive background investigation and credit check. I understand this investigation may include, but is not limited to, verification of my prior employment, consumer credit reports, criminal history records, driving records, and educational history.

I release the requesting organization, its representatives, and all providers of information from any and all liability, claims, or damages that may result from the use, disclosure, or collection of this information.

I certify that all information provided on this form is true, complete, and accurate to the best of my knowledge.

Applicant Signature (Sign upon printing):

Date (MM/DD/YYYY):