## **CONFIDENTIAL**

## Background Check Authorization

*Print Name:				
(First)	(M	iddle) (L	Last)	
Former Name(s) and Dat	tes Used:			
*Current Address Since:	(Mo/Yr)	(Street)	(City)	(Zip/State)
Previous Address From:	(Mo/Yr)	(Street)	(City)	(Zip/State)
Previous Address From:	(Mo/Yr)	(Street)	(City)	(Zip/State)
*Social Security Number:	:	*DOB:		
Telephone Number:				
*Drivers License Number	r/State:			
The information contained in comprehensive review of management to be generated for econsumer report/ investigate verification of social security any criminal justice agency and any other public records further authorize any indiversity in the company, firm, corporation, other sources.	any backgrou employment tive consum y number; con in any or all s. vidual, com en, pertainin lete release , or public a	and its designated a lind causing a consum t and/or volunteer pure report may includ urrent and previous related federal, state, county pany, firm, corporations to me, to of any records or cagency may have, to	agents and representative mer report and/or an investage reposes. I understand that le, but is not limited to the esidences; and criminal his y jurisdictions; driving recommendation, or public agency to did data pertaining to me whom the report of the re	res to conduct a stigative consumer to the scope of the e following areas: story records from ords, birth records, sivulge any and all or its agents. I ich the individual, ata received from
nformation received from to personal information, includo pirth.	his authoriz	ation in a confidentia	al manner in order to prot	ect the applicants
Signature:			Date:	
Notice to California, Minne Please check the box below				requested.
☐ I wish to receive a copy of	f any Backgro	ound Check Report on 1	me that is requested.	