

# BACKGROUND CHECK AUTHORIZATION FORM

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## I. CANDIDATE INFORMATION

Full Name (First, Middle, Last): \_\_\_\_\_

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

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

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## II. PREVIOUS RESIDENCE HISTORY

Please list previous addresses for the past 7 years (if applicable):

Previous Address 1:

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Previous Address 2:

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Previous Address 3:

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### **III. SCOPE OF AUTHORIZATION**

I understand that the following checks may be performed as part of the background screening process. The specific checks authorized are indicated below:

- ☐ Criminal History Record (Federal, State, and County)
- ☐ Employment Verification
- ☐ Education Verification
- ☐ Motor Vehicle Report / Driving Record
- ☐ Credit History Report
- ☐ Sex Offender Registry
- ☐ Drug Screening
- ☐ Professional License Verification
- ☐ Other: \_\_\_\_\_

### **IV. DISCLOSURE AND CONSENT**

I hereby authorize the requesting organization and its designated agents to conduct a comprehensive review of my background. I understand that this investigation may include obtaining information regarding my character, general reputation, personal characteristics, and mode of living.

I authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to the requesting organization or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand that this authorization will be valid for this specific request and for any future updates or reviews of my background information as deemed necessary by the organization for the duration of my relationship with them.

## **V. ADDITIONAL INFORMATION**

Please provide any additional information or context regarding the background check (optional):

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## **VI. AUTHORIZATION SIGNATURE**

By signing below, I certify that all information provided in this form is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the rejection of my application or termination of my relationship with the organization.

Candidate Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## **VII. PARENT OR GUARDIAN CONSENT (FOR MINORS ONLY)**

If the candidate is under the age of 18, a parent or legal guardian must sign below to authorize the background check.

Parent/Guardian Printed Name: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_