

Background Check Authorization

☞ Complete all items on this page unless otherwise directed.

☞ The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Please provide addresses covering at least the last seven years.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Full Name: _____

Signature: _____

Date: _____

APPLICANT/EMPLOYEE:

Printed Full Name: _____
(First) (Middle) (Last)

Alias/Maiden Name(s): _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issuance: _____

Email: _____ Phone: _____

(List all addresses during the past 7 years)

Current: _____
(Street) (City) (State) (Zip) (Dates)

Previous: _____
(Street) (City) (State) (Zip) (Dates)

Previous: _____
(Street) (City) (State) (Zip) (Dates)

Previous: _____
(Street) (City) (State) (Zip) (Dates)

Previous: _____
(Street) (City) (State) (Zip) (Dates)