

# Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with \_\_\_\_\_.

I release \_\_\_\_\_ and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_/\_\_\_\_/19\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Please list all states and counties of residence since turning age 18:

\_\_\_\_\_  
\_\_\_\_\_

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

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

\_\_\_\_\_  
Signature of Applicant / Date

Are you applying for employment in California, Minnesota or Oklahoma? Yes\_\_\_ No\_\_\_ If so, do you want a copy of any Consumer Report prepared concerning you? Yes\_\_\_ No\_\_\_

I understand that California law requires \_\_\_\_\_ to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose \_\_\_\_\_ to liability (Section 1786.29).

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. \_\_\_\_\_ abides by all applicable state and federal employment laws.