## **CONFIDENTIAL**

## Background Check Authorization

Print Name:					
(First)	(Mi	iddle)	(Last)		
Former Name(s) and Dat	es Used:				
Current Address Since:	(NA - O/-)	(0(===1)		(0.1.7)	(7:-/01-1-)
	(Mo/Yr)	(Street)	(	(City)	(Zip/State)
Previous Address From:	(Mo/Yr)	(Street)	(	(City)	(Zip/State)
Previous Address From:	(1.4 - 0.4 -)	(0(===1)		(0.1.7)	(7:-/0(-1-)
	(Mo/Yr)	(Street)	(	(City) DOB:	(Zip/State)
Social Security Number:				<u>—</u>	
Telephone Number:					
Drivers License Number/	State:				
coackground causing a consemployment and/or volunt investigative consumer reposecurity number; credit reposekground, character references agency in any or all other public records. I further authorize any indiversity Administration and written, pertaining to me, to records or data pertaining to have, to include information the company of the control	peer purpos port may incluse ports, curro prences; dru I federal, stational vidual, com d law enford (Your Nam o me which or data reco signated ago confidential	es. I understude, but is not liter and previous testing, civil ate, county juris apany, firm, corporate agencie the individual, ceived from other ents and repressant or redeserved.	and that the scimited to the follow us residences; e and criminal hist dictions; driving reportation, or public s) to divulge any . I further authorisompany, firm, core sources. entatives shall mater to protect the a	ope of the conving areas: verific mployment history records from ecords, birth records and all informate the complete poration, or publicants person	nsumer report/ cation of social ory, education in any criminal cords, and any ling the Social ition, verbal or release of any ic agency may
Signature:				Date:	
Notice to California, Minne Please check the box below  I wish to receive a copy of	if you wish	to receive a cop	by of a consumer r		uested.