

# BACKGROUND AUTHORIZATION FORM

In order to maintain the safety of our customers, employees and property, and to confirm the information obtained from you, \_\_\_\_\_ (the "Company") will request a background check in connection with your employment application, and in case you are hired or already employed by the Company, you may request additional background information on yourself for employment purposes.

I, \_\_\_\_\_, expressly consent to the above organization obtaining information about me. The background report may contain information on, but is not limited to Social Security number verification; criminal, public, educational, and, where applicable, driving record checks; previous employment verification; reference checks, licenses, and certifications; credit reports; drug test results; and if applicable, workers' compensation injuries.

Public and private record sources may be used to obtain information, including personal interviews with your associates, friends, and neighbors.

The nature and scope of the most common form of background check is an investigation of your education and/or employment history conducted by the Company or another outside organization.

I understand that this background check is necessary if I wish to meet all the criteria for the position of [job title] at [company name] and that a successful background check is not a guarantee of employment. I also understand that I have the right, upon written request within a reasonable timeframe, to request a copy of my background report.

Not only that, but I understand that this background check is required if I wish to meet all the criteria for the position for which I have applied, and that a successful background check is not a guarantee of employment. Furthermore, I also understand that I have the right to obtain a copy of my background report upon written request within a reasonable time.

Applicant's Legal Name (printed) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Applicant's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_