CONFIDENTIAL

Background Check Authorization

Print Name:					
(First)		(Middle)	(Last)		
Former Name(s) and Dat	tes Use	d:			
Current Address Since:					
	(Mo/Yr)	(Street)		(City)	(Zip/State)
Previous Address From:				(0)()	
Previous Address From:	, ,	(Street)		(City)	(Zip/State)
r revious Address r rom.		(Street)		(City)	(Zip/State)
Social Security Number:				DOB:	
Telephone Number:					
Drivers License Number/					
The information contained in hereby authorize representatives to conduct and/or an investigative consunderstand that the scope of imited to the following area residences; employment his criminal history records from driving records, birth records from the following area information, verbal or written agents. I further authorize individual, company, firm, received from other sources and representatives shall information in order to protect the social security numbers, and	a composumer report the consistery, even any crist, and any crist, and any crist, and any crist, and any crist, pertain enthe concorporations.	prehensive reveport to be gen nsumer report/cation of social ducation backgiminal justice any other public company, firm, ning to me, to mplete release tion, or public all informationicants personal	iew of my backg erated for employ investigative cons security number; or gency in any or all records. corporation, or put of any records or agency may have neceived from to the security of	and its design round causing a ment and/or volusumer report may credit reports, cur references; drug references; drug rederal, state, controlled and its controlled into another and its controlled into another and its controlled into another and i	nteer purposes. I include, but is not rrent and previous testing, civil and punty jurisdictions; ivulge any and all or its to me which the formation or data designated agents in a confidential
Signature:				Date:	
Notice to California, Minne Please check the box below I wish to receive a copy of	if you w	vish to receive a	a copy of a consun		equested.