

Background Check Authorization Form

Print clearly and use blue or black ink on this form.

Agency Name _____

Phone No. _____

TO BE COMPLETED BY APPLICANT IN FULL:

Last Name _____

Jr./Sr. _____

First Name _____

Middle Name _____

Maiden Names or Aliases used in the past five years _____

Social Security Number _____

Date of Birth _____

*Used solely for ensuring completion of a criminal record check; many jurisdictions use name and date of birth as the two primary identifiers of an individual's record. The age discrimination employment act of 1967 prohibits employers from discriminating on the basis of age, with respect to individuals who are 40 years of age and older.

Have you ever been convicted of a misdemeanor or felony? _____

YES NO

Are you awaiting prosecution of a misdemeanor or felony? _____

YES NO

Have you pled nolo contendere (no contest) to a misdemeanor or felony? _____

YES NO

If yes, give details including charge(s), city, county and state where occurred and year _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS AUTHORIZATION FORM

I understand that as part of your procedure for processing my application, an investigation report about my background may be made which may include information obtained through personal interviews, regarding my character, general reputation, personal characteristics or mode of living. I have the right to make a written request, within a reasonable period of time, for complete disclosure of additional information concerning the nature and scope of the investigation. I authorize investigation of all statements contained in this authorization form. All representations by me in this data sheet are to the best of my knowledge and belief true and correct, and I have not knowingly omitted any related information of an adverse nature. Inaccurate information may make me ineligible for employment. I also understand that having a criminal conviction is not an automatic bar for employment. In the absence of a written contract of employment, employment with the agency is employment at the will of each party. The employment relationship may be terminated at any time at the discretion of the employee or agency.

SIGNATURE: _____

Date: _____