## **Background Screening Consent**

Applicant should complete all relevant information	and sign and date the form.	
1,	. herehy authorize	
I,		
I release	and its agents and any norm	
provides information pursuant to this authorization regards to the information obtained from any and a following is my true and complete legal name and a knowledge:	i, from any and all liabilities, cla	ims or law suits in
Full Name (Printed)		
Maiden Name or Other Names Used		
Social Security Number:		
Present Address		
City		
How Long at Present Address?		
Former Address		
City		
How Long at Former Address?		
Please list all states and counties of residence since		
(Please circle any of the following states in which you have	lived: CA, CO, DE, LA, MA, SD, VI	
Driver's License Number:		
Signature of Applicant / Date		
Are you applying for employment in California, Minne want a copy of any Consumer Report prepared conce	esota or Oklahoma? Yes No erning you? Yes No	If so, do you
understand that California law requires eport requested within seven (7) days of the date th o will expose to lial	e information was obtained and	a copy of any d that failure to do
*NOTE: The above information is required for idnamer used as qualifications for employment, in abides by all apple	internship, or service as a vo	dunteer
ev. April, 2006		· · · · · · · · · · · · · · · · · · ·