

Background Check Permission Form

I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, city, state, county and federal court and agency, military service or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application that I sign.

This notice serves as consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Applicant's Signature	
Date	
For Identification Purposes Only:	
Print Applicant's Name	
Maiden name if applicable	
Date of Birth	
Social Security Number	
Sex	
Driver's License Number	
Current Street Address	
City, State, Zip Code	
Telephone Number	