

Employment Background Check Authorization Form

Full Name

Date of Birth

Social Security Number

Current Address

City

State

ZIP Code

Phone Number

I hereby authorize the company to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the company may utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature

Date

