

Internship Applicant Background Check Consent Form

Applicant Information

Full Name

Date of Birth

Current Address

Email Address

Phone Number

Consent

I hereby authorize [Company/Organization Name] and its designated agents to conduct a background check as part of my application for an internship position. I understand that this may include verification of my identity, academic credentials, employment history, references, criminal records, and any other information deemed relevant.

I release all persons from liability for providing information as part of this background investigation.

This consent is valid for the duration of the internship application process.

Signature

Date