

# Consent to Criminal History Check

## Used Car Dealership

I hereby authorize the Used Car Dealership to obtain my criminal history record information for purposes of evaluating my suitability for employment or continued employment.

Full Name:

Other Names Used (if any):

Date of Birth:

Current Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

Social Security Number (if required):

Driver's License Number:

State Issued:

By signing below, I acknowledge that I have read and understood this consent form and authorize the investigation of my criminal history record as outlined above.

Signature:

Date: