

**CONFIDENTIAL**

**Background Check Authorization**

Print Name:-----  
(First) (Middle) (Last)

Physical Address :-----  
(Street) (Ward) (District) (Region)

Address :-----

Telephone Number:-----e-mail address-----

National ID/Voting card Number:-----Date of birth-----

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Mwema Advocates and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment .

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of ID document check; Employment history and references, education background, professional qualification, Extended check; Adverse media search, Compliance database check,birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all Information, verbal or written, pertaining to me,Mwema Advocates or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Mwema Advocates and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, identity numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_