

☐ EMPLOYEE BACKGROUND CHECK AUTHORIZATION FORM

SECTION 1: PERSONAL INFORMATION

Field	Details
Full Name	_____
Date of Birth	____ / ____ / ____
Social Security Number (SSN)	_____
Current Address	_____
City	_____
Phone Number	_____
Email Address	_____
Driver's License Number	_____

SECTION 2: BACKGROUND CHECK CONSENT

☐ I hereby authorize **[Company Name]** and its designated agents to conduct a background investigation, which may include:

- ☐ Criminal history check
- ☐ Employment verification
- ☐ Education verification

- ☐ Professional license verification
- ☐ Reference check
- ☐ Credit history check (if applicable to the position)
- ☐ Drug and alcohol screening
- ☐ Motor vehicle record (MVR) check

☐ I understand this information will be used only for employment purposes and kept strictly confidential.

☐ I understand that submitting false or misleading information may result in disqualification or termination of employment.

SECTION 3: PREVIOUS EMPLOYMENT INFORMATION

Employer Name	Position	Dates Employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4: EDUCATION VERIFICATION

School/University	Degree/Certification	Year Completed