

Background Check Authorization

Form 1070 — Pre-Hire

ShiftNPay / Mastercare

I hereby authorize the company to conduct a background check including criminal history, employment verification, and other relevant inquiries.

Personal Information

Full Name	Maiden Name	
Other Names Used		
SSN		
Phone	Driver's License #	Date of Birth
		State

Current Address

Street	City/State/Zip	Years
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Previous Address 1

Street	City/State/Zip	Years
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Previous Address 2

Street	City/State/Zip	Years
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Authorization

Print Name	Date
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Applicant Signature

[Sign here]
