

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				Date of Birth			
Phone			Driver's License #			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]