**Employee Background Check**

**Authorization Form**

1. Employee Agreement and Release. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter

referred to as the Employee), hereby certifies that all information provided here for the

purpose of employment is true and complete to the best of their knowledge. The

Employee understands that falsification of any information on company documents

may lead to denial of employment or termination.

The Employee understands that investigative background inquires will be made about

me that can include consumer credit, education verification, criminal convictions,

motor vehicle records check, workers’ compensation, and others. These reports will

include information as to the Employee’s character, general reputation, work habits,

performance, and experience, along with reasons for termination of employment from previous employers.

The Employee authorizes any party or agency contacted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(hereinafter referred to as the Employer) to furnish the above-mentioned information

prior to or at any time during their employment. The information on this form will be

used solely for the purpose of conducting background checks to determine

employment eligibility and will be maintained in a confidential file, separate from the

general personnel file.

The Employee agrees that any copy of this document is as valid as the original.

2. Employee Information and Signature.​ The Employee understands that to aid in in

the proper identification of their file or records, the following information is

necessary:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_