Background Authorization Form
Personal Information

Name: _____ SSN_____- _____- _____

Previous Names Used: **(Within the past 7 years)_____

Current Home Address:_____
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? _____

Previous Address: _____ _____
Street Address (No P.O. Boxes) City State Zip Code County

How Long? _____

**Date of Birth: _____ / _____ /_____ Driver's License Number: _____ State: _____

Have you ever been convicted of a crime other than minor traffic offenses? Y_____ N_____

If yes, provide explanation:

Year of Offense: ____ County offense was committed: _____ Offense Description: _____

***THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967.*

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release BACKGROUND NETWORK, INC. d.b.a. CRIMCHECK.COM and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.
The above information is used solely for inquiries and criminal history checks.
Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature:_____Date_____/_____/_____

For residents of CA, MN and OK:
You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below.

□ By checking this box, I request a free copy of the report.

Fair Credit Reporting Act Notification
You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

□ By checking this box, I request a free copy of the report.

Employment Information

1) Current Employer: _____ Dates Employed: from _____ to _____

Employer Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

Employer Phone #: _____ Position: _____

Supervisor or Contact: _____

Ok to Contact? Y_____ N_____

2) Previous Employer: _____ Dates Employed: from _____ to _____

Employer Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

Employer Phone #: _____ Position: _____

Supervisor or Contact: _____

Reason for leaving: _____

Ok to Contact? Y_____ N_____

3) Previous Employer: _____ Dates Employed: from _____ to _____

Employer Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

Employer Phone #: _____ Position: _____

Supervisor or Contact: _____

Ok to Contact? Y_____ N_____

Employment Information

4) Previous Employer: _____ Dates Employed: from _____ to _____

Employer Address: _____

Street Address (No P.O. Boxes) City State Zip Code County

Employer Phone #: _____ Position: _____

Supervisor or Contact: _____

Reason for leaving: _____

Ok to Contact? Y_____ N_____

5) Previous Employer: _____ Dates Employed: from _____ to _____

Employer Address: _____

Street Address (No P.O. Boxes) City State Zip Code County

Employer Phone #: _____ Position: _____

Supervisor or Contact: _____

Ok to Contact? Y_____ N_____