



Please Check 1:

Volunteer
Community Service

BACKGROUND CHECK CONSENT FORM

Name (First Middle Last)

Maiden Names/Alias Last Names

Birth Date

Social Security Number

Current Address

Previous Cities/ States of Residence (7 Years)		
1.	2.	3.

Race (Please Check One)

White

Black

Hispanic

Asian or Pacific Islander

American Indian

Unknown

Have you ever been convicted of a crime other than minor traffic offenses (please include DUIs)?
If yes, please give offense and location:

For Driver and back-up Driver positions, please complete:

Driver's License:

State: _____ Number: _____ Expiration: _____

Have you been involved in a vehicular accident within the last three- (3) years? _____

Please read carefully: The information provided on the Authorization is true and correct to the best of my knowledge. I understand that failure to reveal any prior addresses in the past five years and/or the giving of false or misleading information on my application or in an employment interview may result in the refusal of or separation from employment.

I authorize the above company and its representative to make an independent investigation of my background, references, character, past employment, education, criminal records, and for driving positions, motor vehicle information, as required by Section 391.23 of the Federal Motor Carrier Safety regulations, maintained by public and private organization. Additionally, I authorize the above company to access my CREDIT INFORMATION at anytime they deem it necessary. I understand that the results of the investigation may result in refusal of or separation from employment, credit, or living quarters.

I release the above company and/or its representatives from any and all liability, claims, or lawsuits in regard to the information obtained from any or all of the above reference sources used in verification of my background. I also acknowledge that the above company may be requested to submit certain information with regard to my employment and/or application to various government agencies or private organizations. I hereby authorize the above company to provide such information and release the above company and its representatives from any liability from submitting such information.

Signature

Date