## **Background Screening Consent**

Applicant should complete all relevant information and sign and date the form.

I hereby authorize			( <i>Employer</i> ) and /or its
	vestigation of my background that r	nav include: references, cha	
	tory (if applicable for position), adul		
	ose maintained by both public and p		
	tion contained on my Application a	_	-
· · ·		_	<del>-</del>
	rvice now and, if applicable, during	the tenure of my employme	ent or service with
above <i>Employer</i> .			
	nd any person or entity, which prov		
	or law suits in regards to the informa	ation obtained from any and	all of the above
referenced sources used.			
The following is my true and comp	lete legal name and all information	is true and correct to the be	st of my knowledge:
	_		, .
First Name:	Middle:	Last Name:	
	Г		
SSN:	DOB:		
Address:			
City:	State:	Zip:	
Signature of Applicant / Date:	Must print and sign original)	Daytime Phone:	
	, 3 3 ,	•	
Drivers License Number:	State of Issuan	nce:	
Are you applying for employment i	n California, Minnesota or Oklahom	na? Yes □ No □	
Are you applying for employment	ii California, iviiiillesota of Oklanon	ia: res [] NO []	
	_		
If so, do you want a copy of any Co	nsumer Report prepared concernin	g you? Yes 🔝 No	
I understand that California law re-	quires all California <i>Employers</i> to giv	ve me a copy of any report, i	f requested, within
seven (7) days of the date the info	mation was obtained and that failu	re to do so will expose to lia	bility (Section 1786.29).
		·	
Have you ever been convicted of a	misdemeanor or felony? Yes N	оП	
,		- <u></u>	
If yes, please explain:			
/ /			

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. The *Employer* abides by all applicable state and federal employment laws.

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