



### Background Check Authorization Form

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Names \_\_\_\_\_ Years Used \_\_\_\_\_

Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Other Driver's Licenses Held in Past 5 Years (include states) \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY:** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Residential Addresses Within Seven Years (use a separate sheet as needed)

Prior Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Prior Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

_____ Signature	____/____/____ Date: (Month/Day/Year)
<p><b>If you live or work for the Company in California, Minnesota or Oklahoma:</b> Check this box if you would like a free copy of your background check report: <input type="checkbox"/></p>	