

BACKGROUND INVESTIGATION CONSENT

l,	,(applicant complete name), hereby authorize(organization) and/or its agents to make an independent						
police records, increcords for the purother information,	background, references bluding those maintained rose of confirming the ir which may be material to able, during the tenure of	s, character, past employ by both public and priva nformation contained on o my qualifications as a v	yment, education, criminal, ate organizations and all pu my Application and/or obta yolunteer or for employmen	or blic aining			
		t to this authorization, fro	l/or its agents and any pers om any and all liabilities, cla of the above referenced sou	aims,			
	y true and complete lega (Please note: all informa		on is true and correct to the	e best			
Full name (printed)						
Maiden name or o	ther names used						
Present street add	ress How long?						
City/State Zip							
Former street add	lress How long?						
City/State Zip							
Date of birth	Social security #	Driver's license #	State of license				
	ticipated in, been accuse isconduct? () yes ()		eaded guilty or no contest to	o any			
Signature			 Date				