

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)

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: