

Authorization for Background Check Consent Form

I hereby authorize [Company/Organization Name] to conduct a background check including, but not limited to, verification of employment history, education, criminal records, and references.

Full Name:

Date of Birth:

Social Security Number:

Current Address:

Phone Number:

Email Address:

By signing below, I authorize the procurement of a background check as described above. I certify that the information provided is true and correct to the best of my knowledge.

Signature:

Date:

Submit