**Background Check Authorization Form**

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| --- | --- |
| **Company Name:** |  |
| **Company Address:** |  |
| **City, State, ZIP** |  |

**Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  |  |  |
| **Social Security No.** |  |  |  |
| **Current Address:** |  | **City, State, ZIP** |  |
| **Phone Number:** |  | **Email Address:** |  |

**Authorization and Consent**

I, the undersigned, authorize **[Company Name]** and its designated agents or representatives to conduct a background check as part of my application for employment/continued employment.

This investigation may include information from educational institutions, previous employers, personal references, credit reporting agencies, law enforcement agencies, state and federal courts, motor vehicle records, and other public records.

I understand that:

* The information obtained will be used solely for employment purposes.
* I have the right to request a written summary of my rights under the **Fair Credit Reporting Act (FCRA)**.
* I may request disclosure of the nature and scope of any investigative consumer report obtained.
* A photocopy or electronic copy of this authorization shall be as valid as the original.

**Applicant Acknowledgment**

I certify that the information I have provided is true and complete to the best of my knowledge. I release **[Company Name]**, its employees, agents, and representatives from any liability in connection with the use of this information.

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| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |
| **Printed Name:** |  |  |  |

|  |  |
| --- | --- |
| **Witness (if required)** |  |
| **Date:** |  |