BACKGROUND CHECK CONSENT AND AUTHORIZATION FORM

Location: _____ Applicant Name: _____

Applicant Information:

Full Legal Name: _____

Date of Birth: _____ Social Security No.: _____

Current Address: _____

Phone Number: _____ Email Address: _____

Background Check Consent:

I, the undersigned Applicant, hereby authorize [Company/Organization Name] (the "Company") and its authorized agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment, licensing, volunteering, or other lawful purposes. I understand that the scope of the background check may include, but is not limited to, verification of social security number, credit history, criminal records, employment history, education, motor vehicle records, and other public records.

Acknowledgments and Disclosures:

1. I acknowledge receipt of the separate document entitled "Summary of Your Rights Under the Fair Credit Reporting Act."
2. I understand that a criminal record will not necessarily disqualify me from employment or engagement, but that such information
3. I authorize the release of any information concerning my background to the Company and its agents.
4. I understand that I have the right to request a copy of any consumer report obtained about me, and to dispute inaccurate informati
5. I certify that all information I have provided in connection with this background check authorization is true, complete, and correc
6. I understand that the Company may provide me with a copy of any adverse action notice if information from a consumer report re
7. I agree that this authorization shall remain in effect for the duration of my application or engagement with the Company.

Applicant Certification:

I certify that I have read and understand this Background Check Consent and Authorization Form, and that I agree to its terms voluntarily and without coercion. I understand that providing false information or withholding information may result in denial of employment or termination.

Signatures:

Applicant's Signature **Authorized Company Representative**

Date: _____ Date: _____

This Background Check Consent and Authorization Form complies with the Fair Credit Reporting Act (FCRA), applicable state laws, and is intended to be legally binding and enforceable under United States law. The Company is committed to complying with all federal and state regulations regarding the collection, use, and disclosure of consumer information.