

# Background Check Form

All information will be kept strictly confidential.

Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Address \_\_\_\_\_  
                    Street                                    City                                    State                                    Zip

Maiden Name or Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Have you ever been arrested or convicted for any criminal offense excluding minor traffic violations? \_\_\_\_\_

Have you ever been accused, arrested or convicted of abuse or sexually related crimes? \_\_\_\_\_

Is there anything in your life-style or background that would call into question your ability? \_\_\_\_\_

If you answered yes to any of these questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: answering "yes" to any of these questions does not automatically disqualify you. Please use the spaces provided to explain the circumstances.

I hereby authorize \_\_\_\_\_ to make an independent investigation of my background and criminal or police records. I release \_\_\_\_\_, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above sources. The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please write any questions or comments you have on the back of this sheet.