

## Background Check Authorization Form

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

Maiden Names \_\_\_\_\_ Years Used \_\_\_\_\_

Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ XXX - XX - Please enter last four digits - \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Other Driver's Licenses Held in Past 5 Years (include states) \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY:** Date of Birth    X /    X /    (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)