

# BACKGROUND CHECK AUTHORIZATION

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN\*: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

Birth date\*: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional License Type: \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other/Previous names: \_\_\_\_\_ Date Changed: \_\_\_\_\_

(Attach additional sheet, if necessary) \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include **street, city, state, zip code, county and dates of residence.** (Attach additional sheet, if necessary.)

1. Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Dates: \_\_\_\_\_

2. Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Dates: \_\_\_\_\_

3. Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Dates: \_\_\_\_\_

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by \_\_\_\_\_ (the "Company") at any time after receipt of this authorization and throughout my employment (or volunteer assignment(s)), as applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **TruDiligence, 3190 South Wadsworth Boulevard, #260, Lakewood, CO; Tel. No. #1.800.580.0474; [www.trudiligence.com](http://www.trudiligence.com)** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

SSN: \_\_\_\_\_

[\\*This information \(Birth date and SSN\) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.](#)