



BACKGROUND/CREDIT CHECK AUTHORIZATION FORM

(This form is to be filled by the individual whose background/credit is to be checked)

First Name: _____ Middle Name: _____

Last Name _____

Other name(s) that may have been used in the past _____

Gender _____ Date of Birth: _____ Place of birth _____

State / province _____ Country _____

Social Security Number: _____ Nationality _____

Phone: _____ Email: _____

Address: _____ City: _____

Zip: _____ State: _____

Do you have any criminal convictions? _____

If YES, briefly explain the nature

Country, state and county that the conviction occurred _____

Date _____

I hereby give permission to _____ to run a background/credit check on the information provided in this form.

Signature _____ Date _____