

BACKGROUND CHECK AUTHORIZATION FORM

PERSONAL INFORMATION		
First Name	Last Name	Middle Name
Date of Birth	Age	Social Security #
Current Address		
Previous Address		
Phone	Email	Citizenship
PREVIOUS WORK EXPERIENCE		
Employer	Dates Employed	Position
Employer	Dates Employed	Position

I, [Employee Name], hereby authorize [ALL ABOUT CARING FOR YOU] and its agents to conduct a background check on me for the purpose of verifying my employment history, education, criminal history, and any other information deemed relevant to my employment.

I understand that the information obtained from the background check will be used to evaluate my suitability for employment with [ALL ABOUT CARING FOR YOU] and that it will be kept confidential.

I authorize any and all persons, schools, companies, and law enforcement agencies to release any information requested by [ALL ABOUT CARING FOR YOU] or its agents in connection with my background check.

I understand that I have the right to review any information obtained during the background check and to dispute any inaccurate information.

I release [ALL ABOUT CARING FOR YOU], its agents, and any person or entity providing information in connection with the background check from any and all liability arising from the release or use of such information.

I understand that this authorization will remain in effect for the duration of my employment with [Your Company].

Employee Signature _____ Date _____