

BACKGROUND CHECK AUTHORIZATION FORM

To guarantee the safety and security of our clients, employees, and business, and to confirm the information provided by you, _____ [the “Company”] will request a background check in connection with your employment application. In case you are hired or previously employed by the Company, you are allowed to request additional background information on yourself for employment purposes.

I, [applicant] _____, authorize [employer] _____ of _____ [Company] to conduct a background check on me. I understand that this background check may include, but is not limited to, Social Security number verification, a review of my criminal history, employment history, education history, and driving record (where applicable), licenses and certifications, drug test results, and workers’ compensation injuries (if applicable).

Public as well as private record sources are allowed to be used to obtain information, including personal interviews with associates, friends, and neighbors.

I understand that this background check is required if I wish to be considered for the position of _____ [job title] at _____ [Company Name] and that if I pass the background check, it does not guarantee employment. I also understand that I have the right to obtain a copy of my background report within a reasonable timeframe.

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that any false or misleading information may disqualify me from employment or result in termination if discovered after I am hired.

I also understand that the results of the background check will be used for employment purposes only, and will be kept confidential.

[Applicant's Legal Name (printed)] _____

Date of Birth _____

Social Security Number _____

Applicant's Address: _____

City: _____ State _____ ZIP Code _____

Print Name: _____

Date: _____

Signature: _____

NOTARIZATION (If Applicable)

State of _____

County of _____

On this day, _____, before me, [notary's name] _____, a
Notary Public in and for the State of _____, personally appeared [applicant],
who proved to me based on satisfactory evidence to be the person(s) whose name(s)
is/re-subscribed to the within instrument and acknowledged to me that he/she/they executed the
same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the
instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the
instrument.

Witness my hand and official seal.

[Notary's signature] _____

[Notary's name] _____

Notary Public

{notary's commission expiration date] _____