

# BACKGROUND CHECK AUTHORIZATION AND CONSENT FORM

Applicant's Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Social Security Number (Last 4 digits): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Authorization and Consent:

I hereby authorize [Company Name], its agents, and/or assigns to conduct a comprehensive review of my background to include, but not be limited to, verification of social security number, employment history, education, criminal record, motor vehicle records, and other public records as permitted under applicable federal and state laws. I understand that this information is for employment or contractual purposes and will be used solely for that purpose. I certify that the information I have provided on this form is true and correct to the best of my knowledge.

## Disclosure:

In accordance with the Fair Credit Reporting Act (FCRA), you are hereby notified that a consumer report may be obtained for employment or contractual purposes. You have the right to request a copy of the report and dispute inaccurate information by contacting the consumer reporting agency directly.

## Applicant's Acknowledgment:

By signing below, I acknowledge that I have read and understand this Authorization and Consent form, and that I consent to the background check described herein.

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

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

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

## Important Notices and Legal Compliance:

This Authorization and Consent form and any background check reports obtained pursuant to it shall be used in compliance with all applicable federal, state, and local laws, including but not limited to the Fair Credit Reporting Act (FCRA), Title VII of the Civil Rights Act, the Americans with Disabilities Act, and state privacy laws. The information obtained shall be confidential and used only as permitted by law.

## Applicant Rights:

You have the right to request disclosure of the nature and scope of any consumer report obtained about you upon written request within a reasonable time frame as provided by law. If adverse action is taken based on information in the report, you will be provided with a copy of the report and a summary of your rights under the FCRA.

## Background Check Provider Contact Information:

[Company Name]

Address: 1234 Compliance Way, Suite 100, City, State ZIP

Phone: (123) 456-7890

Website: www.companywebsite.com

**APPLICANT SIGNATURE**

**EMPLOYER REPRESENTATIVE SIGNATURE**

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

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

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