

BACKGROUND CHECK AUTHORIZATION AND DISCLOSURE FORM

Applicant Full Name: _____

Date of Birth: _____ Social Security Number (last 4 digits): _____

Authorization and Consent

I understand that as a condition of my application for employment, volunteering, or tenancy (as applicable), a background check may be conducted to verify information provided and to obtain information about my character, general reputation, personal characteristics, mode of living, and criminal history.

I authorize the obtaining of such information by [Company/Organization Name] or its agents and release all persons, companies, and agencies supplying information from any liability in connection with the background check. I understand that the background check may include, but is not limited to, verification of my identity, employment history, education, criminal records, credit history (if applicable), and motor vehicle records.

Disclosure

Under the Fair Credit Reporting Act (FCRA), I have the right to request a copy of any consumer report obtained about me and dispute incomplete or inaccurate information. I understand that adverse actions based on this report will be communicated to me with the name and contact information of the reporting agency.

Applicant Certification and Signature

I certify that the information provided by me on this form is true, complete, and correct to the best of my knowledge. I understand that false information or omissions may disqualify me from consideration or be grounds for immediate termination if discovered after hire or approval.

Applicant Signature: _____

Printed Name: _____

Date Signed: _____

Information to Be Verified

- ✓ Identity Verification (Government Issued ID)
- ✓ Employment History Verification
- ✓ Education Verification
- ✓ Criminal Background Check (Federal, State, and County Records)
- ✓ Sex Offender Registry Check
- ✓ Motor Vehicle Record Check (if applicable)
- ✓ Credit History Check (if applicable and with separate consent)

Release and Indemnification

I release [Company/Organization Name], its employees, agents, and all providers of information from liability for any

damages resulting from the use of this background check. I understand this information will be used solely for the purpose described above and will be kept confidential.

Applicant Information Verification

Current Address: _____

Previous Address (Last 7 years): _____

Phone Number: _____

Email Address: _____

APPLICANT'S SIGNATURE

AUTHORIZED COMPANY REPRESENTATIVE

Signature: _____

Signature: _____

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