

Angel Reach Background Check Authorization Form

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I affirm that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in immediate termination of my employment if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, educational institution, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

This information is provided solely for the purpose of conducting a background check.

Last Name:	First Name:	Middle Name:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	City:	State:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip Code:	Social Security Number:	Driver's License State:	Driver's License No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth: (mm/dd/yyyy)	Race:	Gender:	
<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	
Other or Former Names:			
<input type="text"/>			

I have read and understand the above statements.

I affirm the above statements to be true.

Signature: _____

Date: _____