

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your signature signifies that you are authorizing us to conduct a background check that is necessary for the completion of your application process.

I, **[insert name]**, hereby authorize **[insert company name]** to investigate my background and verify my qualifications for the purpose of evaluating whether I am qualified for the position I am applying for.

[optional]

I understand that **[company name]** will utilize an outside firm or firms to assist in verifying such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice.

I also understand that I may withhold my permission and in such a case that no investigation will be done, my application for employment will not be processed further.

Signature of Employee/Applicant Date

Date

Employee's/Applicant's Name