



## BACKGROUND CHECK AUTHORIZATION (FORM 1-D)

PLEASE PRINT CLEARLY THE FOLLOWING INFORMATION BELOW

\_\_\_\_\_  
FULL FIRST NAME      FULL MIDDLE NAME      FULL LAST NAME      DATE USED (XX-PRESENT)

PLEASE LIST ALL PREVIOUS LAST NAME USED: \_\_\_\_\_

PLEASE LIST ALL OTHER **AKA** NAMES USED: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ PRIMARY PHONE # \_\_\_\_\_

**The following information is required but will be used for identification purposes only and will not be used as hiring criteria.**

DATE OF BIRTH \_\_\_\_\_ SEX    M \_\_\_\_\_ F \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

DATE USED \_\_\_\_\_ (TO PRESENT)

In chronological order (most recent to least recent), Please list ALL PREVIOUS address which you have resided at during the last **5 years**. At least City, State, and Zip Code are required. Please do not rewrite your current address disclosed above. If you have more than six previous addresses, please write then on a separate sheet.

1. STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

3. STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

4. STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DRIVER LICENSE NO. \_\_\_\_\_

Please list ALL current and previous licenses and/or certification numbers issued to you, including inactive, expired, surrenders, revoked, and/or suspended licensures and certification numbers. If you have more three previous or additional licensures, please write in the next space.

Current Professional License or Certification State\_\_\_\_\_ Type\_\_\_\_\_ No \_\_\_\_\_

Current Professional License or Certification State\_\_\_\_\_ Type\_\_\_\_\_ No \_\_\_\_\_

Current Professional License or Certification State\_\_\_\_\_ Type\_\_\_\_\_ No \_\_\_\_\_

Current Professional License or Certification State\_\_\_\_\_ Type\_\_\_\_\_ No \_\_\_\_\_

**(If you have not already done so, please review the important documents referenced below in bold print before executing this background Check Authorization Form)**

To the extent permitted by application state law, I hereby consent to this investigation and authorize Company to procure Consumer report(s), Criminal background check(s), and/or consumer credit report(s) on my background from a consumer reporting agency (CRA) or from an investigative consumer reporting agency (ICRA) as describe in the background Check Disclosures, the State Law Disclosures, and the Florida State Law Disclosure, (each of which I have received separately from the company). I have reviewed and understand the information, statements, and notices in the Background Check Authorization. My authorization remains valid throughout my employment whit the Company such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), criminal background check(s), and/or consumer credit report(s) during my employment without providing additional disclosures or obtaining additional authorization, except as otherwise prohibited by State Law, I consent to and authorize the company to share this information with company's current or prospective client, customers, others with as need to know, and/or their agent (including but not limited to staffing/placement company clients and vendor credentialing companies) for business reasons (e.g. to place me in certain employment positions, jobs, work sites, etc.).

**By Signing below, you acknowledge you are consenting, authorizing, agreeing, and confirming you review and understanding as set forth in this Authorization.**

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

Date \_\_\_\_\_