



CONFIDENTIAL

Background Check Authorization Form

THE ALLIANCE
SOUTHWESTERN DISTRICT

Print Name: _____ Maiden: _____
(First) (Middle) (Last) (Name/Year Married)

Former Name(s) and Dates Used: _____ Email: _____

Current Address: _____
(Street) (City) (State/Zip)

How long have you resided at your current address: _____ County: _____

Previous Address: _____
(Street) (City) (State/Zip)

Dates resided at previous address: _____ County: _____

Social Security Number: _____ Date of Birth: _____

Home Phone Number: _____ Cell Phone Number: _____

Gender: _____

Driver's License Number/State Issued: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize The Alliance Southaset and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security numbcuer;rrent and previous residences; employment history; education background; character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal, or written, pertaining to me, to The Alliance Southeast or its angets. I further authorize the complete release of any records or date pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or date received from other sources.

I hereby release The Alliance Southeast, the Social Security Administration, and its agents, o cials, representatives, or assigned agencies, including o cers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request eof release.

Signature: _____ Date: _____