



Background Check Authorization

Please complete the below form.

I hereby request First Advantage to release any information which pertains to any record of convictions or professional or financial sanctions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said agency from any and all liability resulting from such disclosure.

Signature: _____

Today's Date: _____

Print Full Name (including middle): _____

Print Other Last Names (including maiden name, if applicable): _____

Print All Aliases (if applicable): _____

Street Address (not PO Box): _____

City, State, ZIP: _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

(The background check cannot be completed without a valid social security number; it is required. We keep your personal information completely private and secure and use it only for the necessary background check.)

