

Background Check Authorization Form

I, [applicant name], understand that by affixing my signature to this form, I am giving [company name] full consent to conduct a background check to confirm my identity, current address, and previous employment. I also understand that this is necessary if I wish to meet all of the criteria for the position of [job title] at [company name], and that a successful background check is not a guarantee of employment.

I agree that [company name] may contact my references, previous employers, and any applicable third party to confirm all of the details that have been included in my application.

Signature

Date

Your privacy is important to us. Throughout this process, your information will remain confidential. If your job application is not successful, your data will not be kept on file or used for any other purpose.