Southeastern California Conference CONFIDENTIAL

Background Check Authorization for Employment

Print Name:					
	(First)	(Mi	iddle)	(Last)	
Former Name(s) and Dates	Used:				
Current Address Since:	(Mo/Yr)	(Street)	(City)	(State/Zip)	
Telephone Number:					
Previous Address From:	(Mo/Yr)	(Street)	(City)	(State/Zip)	
Social Security Number:					
Date Of Birth:					
Drivers License Number/Sta	ate:				
Place of Employment:					
The information contained in this its designated agents and repres investigative consumer report to I report/ investigative consumer repand previous residences; emplo records from any criminal justice public records.	entatives to co be generated for bort may include yment history,	nduct a comprehensive revor or employment and/or volution le, but is not limited to the f education background, cl	view of my background causi inteer purposes. I understand collowing areas: verification o character references; drug to	ng a consumer report and/or an that the scope of the consumer f social security number; current esting, civil and criminal history	
I further authorize any individual enforcement agencies) to divulge its agents. I further authorize the corporation, or public agency may	any and all in e complete re	formation, verbal or written lease of any records or o	, pertaining to me, to Southe data pertaining to me which	eastern California Conference or	
NAD Working Policy states for Drand/or provincial laws for the clayears. A minimum allowable age record (Motor Vehicle Record) of shall have an acceptable driving while driving any vehicle. When driving position."	iss of vehicle to of nineteen (1 each driver streecord during the	peing operated. The recomes 19) years old may be grant that the obtained from state the previous three years with	nmended minimum age for or red with the approval of the /provincial records and revie h not more than two traffic ci	drivers shall be twenty-one (21) conference officers. The driving wed on a regular basis. Drivers tations and no at-fault accidents	
***Southeastern California Confe authorization in a confidential ma social security numbers, and date	anner in order				
Notice: If you wish to receive a copy of	f your Backgı	round Check Report, ple	ase initial here:		
Signature:			Date:		
FOR OFFICE USE ONLY:					
Check run:		□ CLEARE	\Box NOT CLEARED		
Account Number:					