



Fax back to: 520-572-4031

With regards to my application for employment, I understand that a background check will be requested by you or on your behalf. I authorize you to seek information regarding my character, job performance, and relevant previous employment information. Furthermore, I understand that you may request information from various federal, state, and other agencies, which include private and public sources which maintain records of my past activities. Some of these may include my driving record, credit history, criminal records, civil matters, previous employment, educational background, professional licensing, and other experiences.

I understand that a facsimile or copy of this information is as valid as the original. It is valid for any consumer report requested at any time during the tenure of the employment I am being considered for. This authorization is valid for all federal, state, county, local agencies and authorities. I have the right to make a written request for a complete and accurate disclosure of all the information concerning the inquiry.

Print Name _____ Nicknames _____

Driver's License Number _____ Expiration Date _____

Date of Birth _____ Social Security Number _____

Current Address _____ City _____ State _____ Zip _____

Applicant's Signature _____ Date _____