

Applicant Authorization for Background Check



Full Name: _____

Maiden Name: _____

Alias: _____

Social Security Number: _____

Date of birth MM/DD/YYYY: ____/____/____

State of Birth: _____

Driver License Number: _____

State of Driver License: _____

Gender: _____ Race: _____

Ethnicity: _____

Address - current:

Street: _____

City: _____ State: _____

Zipcode: _____

Addresses - recent (last 5 years):

Street: _____

City: _____ State: _____

Zipcode: _____

Street: _____

City: _____ State: _____

Zipcode: _____

Have you ever been found guilty or been convicted of any criminal act(s) in this state or any other state?

Yes: ____ (If Yes, complete section below.) No: ____

Date: _____ City: _____ State: _____ County: _____

Date: _____ City: _____ State: _____ County: _____

Have you ever been substantiated in any child abuse and neglect report made to the Children's Division in this state or any other state? Yes: ____ (If Yes, complete section below.) No: ____

Date: _____ City: _____ State: _____ County: _____

Date: _____ City: _____ State: _____ County: _____

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to True North to obtain any information needed to process my request and to use the information as permitted by law.

Signature of Applicant: _____ Date: _____