

Criminal Record Check Consent Form

Applicant Information:

Full Name: _____

Date of Birth: _____

Social Security Number / ID Number: _____

Current Address: _____

Consent and Authorization:

I, _____, hereby authorize **[Company Name]** to conduct a criminal background check as part of the pre-employment screening process.

I understand that this check may include, but is not limited to, an investigation of my past criminal record, police records, and any other information regarding my conduct at the local, state, or federal level.

I authorize any law enforcement agency, government office, or consumer reporting agency to release any and all information regarding my criminal history to **[Company Name]** for the purpose of evaluating my eligibility for employment.

I understand that the results of this background check will be kept confidential and will only be used for the purposes of making an employment decision. I also understand that any false or misleading information provided in my application may result in the withdrawal of a job offer or termination of employment.

A photocopy or electronic version of this authorization shall be as valid as the original.

Signature:

Applicant Signature: _____

Date: _____