**Company name:** Contact name:

Phone:

I do hereby give to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** or any of its agents, authorization to disclose orally or in writing the results of this background check to the employer or designated authorized recipient.  I have read this authorization and give full consent without reservation for a background check to be conducted on me.  **Lear** may make an investigative report in which information may be obtained regarding my criminal history background record, education and employment history, motor vehicle records, and any other applicable personal information. I certify that all information provided is truthful, accurate and provided voluntarily.

I *hereby authorize*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, **LEAR,** and/or its agents to make an independent investigation of my background, references, past employers, education, criminal police report, credit reports and driver’s license records, including those maintained by both public and private organizations for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment purposes.

I *release* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, **LEAR**, and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

\* \* \* PLEASE WRITE CLEARLY \* \* \*

|  |  |
| --- | --- |
| **Social Security Number:**  \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other Last Names Used:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Present* Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How Long \_\_\_\_\_\_\_\_    City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Previous* Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long\_\_\_\_\_\_\_\_    City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of Birth:**  \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Month Day Year  Sex: \_\_\_\_\_\_\_\_\_\_\_  **Driver’s License #:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    State of Issue: \_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your name as it appears exactly  on your license |
| **I UNDERSTAND** this will show up on my credit report as a “Renter/Empl”  credit report inquiry \_\_\_\_\_\_\_\_\_\_ (only if requested)  initial | **I confirm THE information provided on this form IS TRUE, COMPLETE AND accurate.**  I understand that any false information presented on this consent form may result in my loss of employment. |

# Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

This consent form is valid for any additional background checks needed at any time throughout this individual’s duration of

employment with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.