



<b>COMPANY NAME:</b>
<b>LOCATION / DEPT:</b>

### BACKGROUND CHECK AUTHORIZATION

After carefully reading the Background Check Disclosure form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to SEG and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, workers' compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to SEG and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, personal references, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than SEG without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty may disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Full name as it appears on license: \_\_\_\_\_  
Last First Middle

Previously used name: \_\_\_\_\_ Dates Used: \_\_\_\_\_

Previously used name: \_\_\_\_\_ Dates Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

May your present employer be contacted?  YES  NO  Not employed

<b>FOR IDENTIFICATION PURPOSES ONLY:</b>	Date of Birth: _____
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Race: <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

Current address: \_\_\_\_\_  
# Street City State Zip

Length of time at current address: \_\_\_\_\_ Below, please list **cities and states** of residence for the past **ten years**:

<small style="margin-left: 20px;">City</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 100px;">Dates</small>	<small style="margin-left: 20px;">City</small> <small style="margin-left: 100px;">State</small> <small style="margin-left: 100px;">Dates</small>
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<b>If you live or work for the Company in California, Minnesota or Oklahoma:</b> Check this box if you would like a free copy of your report: <input type="checkbox"/>
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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For contact purposes only:* Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_