



Background Check Authorization Form

Name (First, Middle, Last): _____

Former Name (If Any): _____

Phone Number: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Current Address:

Previous address:

The information provided in this application is correct to the best of my knowledge and I understand that any information given that is found to be incorrect or purposefully omitted will be just cause for immediate disqualification.

The resulting data from this background check will reveal prior felony and misdemeanor convictions from the individual. Please note that all prior convictions will be reviewed, however, some convictions are also cause for immediate disqualification.

I hereby authorize **SA Hope Center**, as well as law enforcement agencies and/or private background check organizations to conduct a background check as a part of its hiring or volunteer process. This information will be provided to **SA Hope Center**, in part or in whole, in the form of a report.

Applicant Signature: _____ **Date:** _____