CONFIDENTIAL
Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Sex: M ☐ F ☐

Current Address: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____

DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

Employer: _____ Job Title: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Vigo County Veterans Court, and its designated agents and representatives, to conduct a comprehensive review of my background for employment and/or volunteer purposes. I understand that the scope of the review may include, but is not limited to, the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Vigo County Veterans Court, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Vigo County Veterans Court and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____