

CONFIDENTIAL

Background Check Authorization

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

Former Name(s) and Dates Used: _____

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

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

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

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize EDELMAN and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report 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 all information, verbal or written, pertaining to me, to EDELMAN 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. EDELMAN and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.

Human Resources
BACKGROUND CHECK FORM

Please be advised that your employment is contingent upon successful completion of this background check.

EMPLOYEE INFORMATION		
First Name:	Middle Name:	Last Name:
Place of Birth:		Date of Birth:
City of Birth:		Citizenship:
Social Security Number:	Height:	Hair Color:
Race:	Weight:	Eye Color:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Phone Number:	
Email Address:		

ADDITIONAL ADDRESS INFORMATION (please complete if not an Ohio resident for the last 5-years)	
Previous Address:	Month/Year:
Previous Address:	Month/Year:
Previous Address:	Month/Year:
Ohio Resident for the last five years: <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL REFERENCE		
Name & Title:	Years known:	Relations: <input type="checkbox"/> Professional <input type="checkbox"/> Personal
Company:		Telephone:
Address:		Email:

PROFESSIONAL REFERENCE		
Name & Title:	Years known:	Relations: <input type="checkbox"/> Professional <input type="checkbox"/> Personal
Company:		Telephone:
Address:		Email:

PROFESSIONAL REFERENCE		
Name & Title:	Years known:	Relations: <input type="checkbox"/> Professional <input type="checkbox"/> Personal
Company:		Telephone:
Address:		Email:

HR ONLY

Rec'd on: _____

Entered on: _____

Sent on: _____