## **CONFIDENTIAL**

## Background Check Authorization

Print Name:					
(First)		(Middle)	(Last)		
Former Name(s) and Dat	es Use	d:			
Current Address Since:					
	(Mo/Yr)	(Street)		(City)	
Previous Address From:					(Zip/State)
	(Mo/Yr)	(Street)		(City)	
Previous Address From:					(Zip/State)
(Mo/Yr) (S	Street)	(City)	(Zip/State)		
Social Security Number:				DOB:	
Telephone Number:					
Driver's License #:					
The information contained ir	ı this ap	plication is cori	rect to the best of my	/ knowledge.	
I hereby authorize Impact C to conduct a comprehensive consumer report to be generally of the consumer report inververification of social security education background, chard criminal justice agency in an any other public records.	e review rated for stigative number racter re	of my backgrou employment a consumer reports; credit reports; eferences; drug	und causing a consund/or volunteer purport may include, but is current and previous testing, civil and o	mer report and/o oses. I understa s not limited to th s residences; en criminal history	or an investigative and that the scope be following areas aployment history records from any
I further authorize any indivinformation, verbal or writter further authorize the complex company, firm, corporation, sources. Impact Camp (Comaintain all information receapplicants personal information dates of birth.	n, pertain lete rele or public Cornerst eived fro	ning to me, to lease of any recase of any re	Impact Camp (Corrected or data pertainate, to include informand its designated example or action in a confident	nerstone Churchining to me whi mation or data reagents and repoilal manner in or	h) or its agents. In the individual, it is ceived from other resentatives shall der to protect the
Signatura				Data:	