

The information provided here is for educational purposes only and is not legal advice. Please consult with legal counsel before using this form in your screening process.

BACKGROUND CHECK CONSENT FORM

Applicant's Full Name:	
Date of Birth:	
Social Security Number (optional, if required)	
Address:	
City, State, ZIP Code	
Email Address:	
Phone Number:	

I have thoroughly reviewed and understand the **FCRA** Candidate Disclosure for the Procurement of Consumer Reports form, including, if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. Additionally, I have read and understand the enclosed Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures. By my signature below, I, _____, hereby give my consent to _____ (**The Company**) or its designated third-party background screening service provider to conduct a background check as part of the: (select one)

- Employment
- Independent contractor
- Volunteer
- Other: _____

application process.

I understand and agree to the following:

1. **Authorization:** I authorize _____ or its designated third-party background screening service provider to obtain information regarding my criminal history, employment history, education, credit history, and any other relevant information for the purpose of evaluating my suitability for _____ with _____. I understand that this information may be obtained from public records, private sources, or past employers.

2. **Information Release:** I release and hold harmless _____, its employees, agents, and any third parties involved in the background screening process from any and all liability arising from the procurement or use of such information. I understand that this information will be used solely for _____-related purposes.

3. **Right to Review and Correct:** I understand that I may have the right to review and correct any information obtained as a result of this background check, in accordance with applicable federal and state laws. If a report is obtained that influences the decision, I will be provided with a copy of the report, along with the opportunity to dispute and correct any inaccuracies.

4. **At-Will Employment (Applicable for employment check):** I understand that this consent form does not constitute a contract of employment and that employment with _____ is at-will, meaning that either I or the company may terminate the contractual relationship at any time, for any reason, with or without cause.

By my signature below, I authorize various entities, including law enforcement agencies, educational institutions, information service bureaus, credit bureaus, courts, motor vehicle records agencies, employers (past or present), the military, and other sources to disclose requested information about me to the consumer reporting agency.

Applicant's Signature: _____ **Date:** _____

Name in Print: _____

Witness (if applicable): _____ **Date:** _____

FOR APPLICANT UNDER 18 YEARS OF AGE

Legal Guardian Signature: _____ **Date:** _____

Name in Print: _____

Email Address: _____

Phone Number: _____

Witness (if applicable): _____ **Date:** _____

Please keep a copy of this signed consent form for your records. If you have any questions or concerns about the background check process or this consent form, please contact _____ at _____