



CONFIDENTIAL

Background Check Authorization

Print Full Name: _____

Former Name (s) / Date Used: _____

Current Address / Since: _____

Previous Address / From: _____

Previous Address / From: _____

Date of Birth (M/D/Y) _____

Telephone Number Home: _____ Cell: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Felicia's Promise** 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: 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, and county jurisdictions, driving records, birth records, and any other public records.

I authorize an individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Felicia's Promise** 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.

I hereby release **Felicia's Promise** and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____