**BACKGROUND CHECK ORDER FORM**

**This form is being completed in advance to facilitate the process; however, the authorization will not be acted upon until a conditional job offer has been made.**

**PLEASE PRINT CLEARLY!**

**LAST NAME FIRST NAME MIDDLE \_ PHONE SOCIAL SECURITY # - - DOB / /**

**DRIVER’S LICENSE / ID #: STATE ALIAS NAME**

**ALIAS NAME**

**RESIDENCES**

**PRESENT \_CITY STATE ZIP PREVIOUS CITY STATE ZIP**

**EMPLOYMENT (Start with current or most recent)**

**EMPLOYER FROM TO JOB TITLE PHONE CITY STATE**

**MAY WE CONTACT YOUR CURRENT EMPLOYER? YES □ NO □**

**EMPLOYER FROM TO JOB TITLE PHONE CITY STATE**

**EMPLOYER FROM TO**

**JOB TITLE PHONE CITY STATE**

**EDUCATION**

**HIGH SCHOOL LAST YEAR ATTENDED GRADUATED YES □ NO □**

**CITY STATE PHONE**

**COLLEGE INSTITUTION LAST YEAR ATTENDED DEGREE COMPLETED YES □ NO □**

**CITY STATE PHONE**

**GRADUATE SCHOOL LAST YEAR ATTENDED DEGREE COMPLETED YES □ NO □**

**CITY STATE PHONE**

**Disclosure and Authority to Release Information**

I understand that in processing my application with Los Angeles Homeless Services Authority. an investigative consumer report may be conducted. FCRA S 606. (a) (1) disclosure requirements; Any such background check report may contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted **□ Yes □ No**

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Los Angeles Homeless Services Authority. and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the “Fair Credit Reporting Act” and state law to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934.

**If employed in CA, MN, or OK; I would like a copy of my report. □ Yes □ No**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name

Legal First Name

Legal Middle Name

Street Address

City

State

Zip Code

**Please list any additional addresses you have lived, worked and attended schools in during the past 7 years**:

City

State

City

State

City

State

City

State

**Other Name(s) Used and Date(s) Changed:**

Driver’s License Number

State Issued

Expiration Date

Date of Birth

(To be used for Background Information ID only)

**I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.**

Signature

Social Security Number

Date