



## Background Check Authorization

<i>Print Full Name</i>	
<i>Former Name(s)</i>	
<i>Current Address</i>	
<i>City/State/Zip</i>	
<i>Previous Address</i>	
<i>City/State/Zip</i>	
<i>Social Security Number</i>	
<i>Date of Birth</i>	
<i>Phone Number</i>	
<i>Email</i>	
<i>Drivers License Number</i>	
<i>State Issued Drivers License</i>	
<i>The information contained in this application is correct to the best of my knowledge.</i>	

I hereby authorize FRIENDS of Broomfield and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of this consumer report/investigative consumer report may include, but is not limited to the following areas; verification of social security number; 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 any and all information, verbal or written, pertaining to me to FRIENDS of Broomfield 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. FRIENDS of Broomfield 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, address, social security numbers and dates of birth.

**DO NOT EMAIL THIS COMPLETED FORM DUE TO THE CONFIDENTIAL INFORMATION**

*Signature:* \_\_\_\_\_

*Date* \_\_\_\_\_