BACKGROUND CHECK AUTHORIZATION

Name: First	Middle	Last	
Sex: Male Female			
Social Security Number	Date	e of Birth	
Street Address	City	State	Zip
Drivers License or ID #:		State Issued	
Have you been convicted of a felony in the l	ast 5 years? YE	s 🗌 no	
If YES, please explain. This will not necessar Construction Company.			a Masonry
IF YES, PLEASE EXPLAIN:			
			10 mg 10
Are you on PROBATION from any arreinform your Superintendent upon you	st? YES T	NO If YES , it is m	nandatory that you
To the extent permitted by law, I and authorize Florida Masonry Consagents/agencies to request and reconstruction background checks on my background remains valid throughout my employer signing this authorization, I understand obtain above said information for as least	struction Compar- ceive consumer d from a consument ment with Florida and that Florida	ny (the "Company") reports(s) which manner reporting agency Masonry Construction	and its authorized ay include crimina . My authorization ion Company and interest ion Company and interest ion Company and interest ion Company are set ion.
By signing below, you are consenting, above information and authorization. duration of your employment with Flo	authorizing, agree This information	eing and signing that	you understand the
Signature		Date	
Print Name			
THIC MAILIE			

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