## **AUTHORIZATION FOR BACKGROUND CHECK**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)	
qualifications for purposes of evaluation which I am applying. I understand the to assist it in checking such information services also understand that I may withhold	Sooffer LLC to investigate my background and ating whether I am qualified for the position for hat Sooffer LLC will utilize an outside firm or firms ation, and I specifically authorize such an es and outside entities of the company's choice. It my permission and that in such a case, no application for employment will not be processed
Signature of Employee	Date
Employee's Name - Printed	