

Background Check Authorization and Release Form

Last Name	First Name	Middle Name_		25
Driver's License #	State Issue			
Date of Birth	Maiden and all other names used			
Present Address	City	State	Zip Code	
Length at present address	(if less than 7 years	please provide pr	evious addresses)	
Prior Address	City	State	Zip Code	
Prior Address	City	State	Zip Code	
Prior Address	City	State	Zip Code	
I hereby authorize the release to driving, workers compensation reputation. I understand the intemployment for future screening I understand that my background	and educational history, as we formation may be reviewed initing for retention, promotion, or a	Il as information tially and periodicreassignment.	regarding my general chara cally during the course of m	cter and
falsification may make me inel GB Construction is relying on t	igible for employment or subje		1 0	
I hereby authorize that a photoc	copy or electronic facsimile of	the document sha	all serve as an original.	
Applicant Signature			Date	