

BACKGROUND CHECK AUTHORIZATION FORM

Contractor Partner Business Name: NATKA Cleaning Service, Inc

Contract Partner Business Contact: Nathaniel Robinson (912)704-0462 or Angela Robinson (912)655-2038

Employee of NATKA Cleaning Service, Inc
(Contractor Partner Business Name)

Name: _____
First Middle Last Maiden or AKA

Current Address: _____

City/State/Zip: _____

Social Security #: _____ Birth Date: _____

Driver's License#: _____ State: _____

E-Mail Address: _____@_____.COM Phone: _____

Please list where you have lived in the past 5 years

Street Address	City, State, Zip	Dates lived at this address

I hereby authorize BSCAI, Inc. to conduct a background check on me. I understand that this background check will cover information such as education and employment, professional certifications, criminal history, sex offender search, SSN validation as well as I-9 verification. As an employee of NATKA Cleaning Service, Inc, I hereby release W Services Group, LLC. and its employees, as well as BSCAI

NATKA CLEANING SERVICE Inc. and its employees, from all liability resulting from the furnishing of this information to W Services Group, LLC. I certify that the statements made by me on this date are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand the any false statements made herein could void my consideration for ongoing employment with NATKA CLEANING SERVICE INC.

Contractor Partner Employee Signature: _____ Date: _____