



Background Check authorization form

Staffing Boutique Inc. may verify information, run investigative and criminal background checks and/or disclose legal information to any of our clients in compliance with Background check laws and Privacy Fair Chance Act.

Personal Information

First Name:	Middle Name:	Last Name:
Maiden Name/Other Names Used:		Date Last Used:
Email Address:		
Social Security Number:	Date of Birth:	
Drivers License Number:	State:	

All addresses for the last SEVEN years: (List addresses beginning with the most recent)

Street	City	County	State	Zip code	Yr from - To
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Education History:

School Name and Location	From (mo/yr)	To (mo/yr)	Major	Type of Degree	Date Degree Obtained or to be Obtained
1.					
2.					
3.					
4.					
5.					

5- year employment history: (List all employers beginning with the most recent)

Employment Dates (Month/Year From - To): _____

Company Name: _____

Phone: _____

Address: City: _____

State: Zip: _____

Job Title(s): _____ Supervisor Name: _____

Reason for Leaving:

Employment Dates (Month/Year From - To): _____

Company Name: _____

Phone: _____

Address: City: _____

State: Zip: _____

Job Title(s): _____ Supervisor Name: _____

Reason for Leaving:

Employment Dates (Month/Year From - To): _____
Company Name: _____
Phone: _____
Address: City: _____
State: Zip: _____
Job Title(s): _____ Supervisor Name: _____
Reason for Leaving:

Employment Dates (Month/Year From - To): _____
Company Name: _____
Phone: _____
Address: City: _____
State: Zip: _____
Job Title(s): _____ Supervisor Name: _____
Reason for Leaving:

Employment Dates (Month/Year From - To): _____
Company Name: _____
Phone: _____
Address: City: _____
State: Zip: _____
Job Title(s): _____ Supervisor Name: _____
Reason for Leaving:

Employment Dates (Month/Year From - To): _____
Company Name: _____
Phone: _____
Address: City: _____
State: Zip: _____
Job Title(s): _____ Supervisor Name: _____
Reason for Leaving:

Employment references:

Full Name	Title and relationship	Contact #	Email
1.			
2.			
3.			
4.			
5.			

By signing this form, I consent Staffing Boutique Inc, to use my information however deemed necessary throughout the length of my employment assignment and/or disclose my information to any of their clients where I will be assigned or employed.

I certify that all information I have provided is correct and true.

Employee name:	Date:
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Signature:
