

## CRIMINAL BACKGROUND CHECK AUTHORIZATION



Building Healthier  
*Communities*

### Applicant Information

Legal Name: \_\_\_\_\_  
First Middle Last

Alias/Maiden/Other  
Names Used: \_\_\_\_\_

Birthdate  
(MM/DD/YYYY): \_\_\_\_\_

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

Have you lived in any other state or country in the last five (5) years? If yes, please list:

\_\_\_\_\_

### Verification

*By signing this form, I attest that the information above is correct to the best of my knowledge. Furthermore, in accordance with Policy #125, I authorize United General District 304 to **annually** perform a criminal background check on me. I understand that information returned in the criminal background check does not necessarily disqualify me from employment.*

\_\_\_\_\_  
Applicant Date

HR Use Only - attach report(s) to this form

\_\_\_\_\_  
Report Run Date Human Resources