I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that as part of the employment process, TARACARES LLC, needs to complete a background check on me regarding:

1. Criminal record
2. Sex and Violent Offenders Record
3. Employment Verification
4. Education Verification
5. License Verification
6. Motor Vehicle Records
7. Personal/Professional Reference Verification
8. Medical Suitability
9. Drugs/Alcohol

o I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to TARACARES LLC or its authorized agent(s).
o I understand that this authorization is to be part of the written and signed employment application.
o I also understand that I do not have to give authorization for a background check but if I don’t give permission, my employment application will not be processed further.
o I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
o I further authorize that a photocopy of this authorization may be considered as valid as the original.
o I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with TARACARES LLC is contingent upon successful completion of a background check.

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         \_\_\_\_\_\_\_\_\_\_\_
                                     Signature                                                                             Date

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Former Name(s) and Date(s) used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Current Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)
                  City                                 State                   From: Month/Year             To: Month/Year
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_              \_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_              \_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_              \_\_\_\_\_\_\_\_\_\_\_\_\_\_             \_\_\_\_\_\_\_\_\_\_\_\_\_\_