Background Check Authorization Form

Disclosure, consent & signature

OnlineSignatureForms.com: Free fillable template

The applicant named below consents to a background or reference check as described. Store the signed form securely, collect only the details you need, and limit access to screening staff. This is a general-purpose layout, not legal or compliance advice — confirm FCRA, state, and provider requirements.

Applicant

Full name

Date of birth

Current address

Phone / email

Social Security number (optional)

Position(s) applied for

Checks authorized

Type of checks (criminal, employment, education, driving)

Disclosure & authorization

I have received the disclosure regarding a background check and authorize the organization and its screening provider to obtain and verify the information described for employment or eligibility purposes.

☐ I have read and agree to the disclosure and authorization above

Signatures

Applicant signature

Date

Printed name