

## Background Check Authorization

**Authorization:** By signing below, you authorize: (a) Unique Background Solutions to request information about you from any public or private information source; (b) anyone to provide information about you to Unique Background Solutions; (c) Unique Background Solutions to provide us Volunteer Transportation Center Inc. (VTC) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment, volunteering or other business purpose. Unique Background Solutions may investigate your criminal record, address history, social security number validity, **criminal background** record, driving record and any other information with public or private information sources. This authorization may also include consenting for drug testing. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. By signing below, you acknowledge receipt of these documents.

**Personal Information:** Please print the information requested below to identify yourself for Unique Background Solutions.

**Printed Name:** (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

**Other Names (alias, maiden, etc....):** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_

**10 years of Address History:**

|              |                |        |                |
|--------------|----------------|--------|----------------|
| _____        | <u>current</u> | _____  | _____          |
| From (mo/yr) | To (mo/yr)     | Street | City/State/Zip |

|              |            |        |                |
|--------------|------------|--------|----------------|
| _____        | _____      | _____  | _____          |
| From (mo/yr) | To (mo/yr) | Street | City/State/Zip |

|              |            |        |                |
|--------------|------------|--------|----------------|
| _____        | _____      | _____  | _____          |
| From (mo/yr) | To (mo/yr) | Street | City/State/Zip |

Some government agencies and other information sources require the following information when checking for records. Unique Background Solutions will not use it for any other purposes.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**