Door of Hope

**Background Check Authorization**

(Please Print)

Name: (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address Since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Zip)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The information contained in this application is correct to the best of my knowledge.

 I hereby authorize Door of Hope, Inc and its designated agents or representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for visitation of clients and/or application process. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: credit reports, current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge all information, verbal or written, pertaining to me, to Door of Hope, Inc or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Door of Hope, Inc and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner to protect the visitor or applicant’s personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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