

Criminal Background Check Authorization

Legal Last Name:		First Name:	Middle Initial:
Alias/Maiden Name (List any and all names used):			
Date of Birth: ____ \ ____ \ ____		Gender:	Social Security Number:
Driver License State:	Driver License Number:		
Email Address:			
Current Address			
Street		City	State Zip
Former Employer			
Company		Position	
City	State	Dates of Employment	
Have you ever:			
Been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, provide a statement below or attach a separate, signed explanation to this form.			

I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324; Tel. # 1.877.643.2464; www.backgroundscreenersofamerica.com and/or Sea Mar CHC. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. **NOTE: A consumer credit report will not be obtained.**

Signature

Date

Hiring Manager/Supervisor: Please provide the below information.

Date:	Location:	Department Number:
Potential Position of Applicant:		
Name and Title of Requestor:	Signature:	

HR USE ONLY: Response sent to manager on _____ HR Initial _____

HR USE ONLY: Response sent to applicant on _____ HR Initial _____

Motor Vehicle Report Authorization

This form must be completed **whether or not** an employee will be driving his/her vehicle as part of their job function.

Employee Legal Name (Please Print):	
Position:	Date:

Check One:	
<input type="checkbox"/>	Employee will be driving his/her vehicle as part of his/her job function. I authorize Sea Mar to obtain a Motor Vehicle Report from BSA. <i>The following documentation must be attached to this form:</i> <ul style="list-style-type: none">• <u>Completed and Signed WA Department of Licensing Abstract of Driving Record Release of Interest</u>• <u>Proof of Insurance</u>• <u>Copy of Washington State Driver License</u>
<input type="checkbox"/>	Employee will not be driving his/her vehicle as part of his/her job function and a motor vehicle report is not required.

Employee Signature Date

Supervisor Signature Date

Education Verification Authorization

Complete only if job description requires a degree and the position is not a licensed position.

If more than one education verification is needed, make additional copies of this form and just fill out the education verification section for each school.

Employee Name When Enrolled (Please Print):		
Name of School:		School Phone:
Registrar Email:		School Fax:
School Address:		
Dates of Attendance:	From _____ \ _____ \ _____	To _____ \ _____ \ _____
Degree (courses taken if no degree):		
Major:	GPA:	

I hereby authorize Sea Mar to obtain an education verification from BSA to release the above information.

Employee Signature Date

HR Use Only

BSA showed the information to be: <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
HR action taken if found to be incorrect:
HR Initials: