

# CONFIDENTIAL

## Human Animal Link of Oklahoma Background Check Authorization

Print

Name:

\_\_\_\_\_

(First) (Middle) (Last)

Former Name(s) and Dates

Used:

\_\_\_\_\_

Current Address

Since:

\_\_\_\_\_

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address

From:

\_\_\_\_\_

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address

From:

\_\_\_\_\_

(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number:

\_\_\_\_\_

DOB:

\_\_\_\_\_

Telephone

Number:

\_\_\_\_\_

Drivers License

Number/State:

\_\_\_\_\_

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

I hereby authorize Human Animal Link of Oklahoma and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Human Animal Link of Oklahoma 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. Human Animal Link of Oklahoma and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, address, social security number, and date of birth.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Notice to Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on my behalf that is requested.