**Lighthouse of Southern MN CONFIDENTIAL**

**BACKGROUND CHECK AUTHORIZATION**

First Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Names: (maiden) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number or Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_  Weight: \_\_\_\_\_\_\_ Color of Eyes: \_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_ Race: \_\_\_\_\_\_

Have you lived in any US state other than MN anytime since January 2020? (circle one) YES / NO

The information contained in this application is correct to the best of my knowledge.  I hereby authorize Lighthouse of Southern MN 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 or volunteer purposes.  I understand that the scope of the consumer report/investigative report may include, but is not limited to the following areas; verification of social security number, credit reports, current and previous residences; employment history, educational background, character references, drug testing, civil and criminal history records from any criminal justice agency on any or all federal, state, and county jurisdictions, driving records, birth records and other public records.

I further authorize any individual, company, firm, or corporation, or public agency (including Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Lighthouse of Southern MN 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, addresses, social security numbers and date of birth.

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Office Only:

Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_