908 W. Broadway
Logansport, IN 46947
574-398-4694

Background Check Authorization

Print Name _____
(First) (Middle) (Last)

Former Name(s) and Date Used: _____

_____

Current Address: _____

Previous Address: _____

Previous Address: _____

SSN: _____ DOB: _____

Telephone Number: _____

Driver's License Number and State: _____

The information contained on this consent is accurate to the best of my knowledge.

I hereby authorize Cass County Staffing Solutions, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative report to be generated for employment purposes. I understand that the scope of these reports may include, but are not limited to the following areas: social security number, credit report, current and previous addresses, 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 Cass County Staffing Solutions, LLC 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. Cass County Staffing Solutions, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including but not limited to, addresses, social security numbers, and dates of birth.

_____ _____
Signature Date