



Healthy Generations Area Agency on Aging



National Background Screening Consent Form

Applicant's **FULL Legal** Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing, via telephone or online in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the agency's guidelines.

By signing this document, I am providing the above named agency my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

_____ Date: _____

Signature: _____