

Authorization for Pre-Employment Background Check

To be completed by the Candidate

F	rist:	M	iddle:	Mai	den:	Last:	
Date o	of Birth:	Sex: F	emale \square	Male \square	Race: _		
Legacy polic		quired to disclose y				conviction background check consis do not disclose your social security	
Please list	all other nam	es by which yo	u have bee	en known, alo	ng with the	e dates each name was used:	
NAME		DATES USED		NAME		DATES USED	
Driver's Lic	ense #:			Issuing S	tate:		
Social Secu							
Current Re	sidence:						
Street:				State:		Zip Code:	
If current re Street:	esidence is not p	permanent, give	permanent	residence: State:		Zip Code:	
crime/offe Ye No Date	es O	ou were convicte	Crime/Of	fense			
I hereby co and belief any inforn will not b informatio applicatio Legacy col	ertify that all in I understand nation contain oe disqualified on or documer n, action up to mplies with Sta	the submission ed in this Autho dautomatically ntation, or an or and including t	ve provided n of my Au prization. I v from cor mission or cermination equired to t	I on this Autho thorization ind understand the asideration fo failure to inclu a if hired, and/	licates my at by admit r employn de all relev or criminal	rue and complete to the best of consent to The Leland Legacy sting to a conviction for any understand that falso want information, may result in prosecution. If hired, I understand is given is leading information is given	y's verification of nlawful offense, I se or misleading n rejection of my stand The Leland

_____ Date: _____

Candidate Signature: _____