



Authorization for Background Check

I hereby authorize AcctKnowledge to investigate and verify my background information, inclusive of criminal records, as required by any company at which I have been offered an assignment by AcctKnowledge.

I authorize and consent to every firm, person, company, corporation, government agency, school, college or institution having control of any information, documents, records, etc., pertaining to my background, to supply such information, upon request, to AcctKnowledge or its agents. Further, I release from liability and hold harmless all persons and organizations furnishing this information to AcctKnowledge.

Furthermore, I authorize AcctKnowledge to release my personnel files including my drug screen, motor vehicle record, criminal background check, skills assessments and the AcctKnowledge application, upon request, to AcctKnowledge clients for employment purposes.

I hold harmless AcctKnowledge in any matter arising from this release.

Date of Release: _____

Signature: _____

Print Applicant's Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: _____

Driver's License #: _____

Birth Date: _____