



**Background Check
Authorization and Release Form**

Please complete all information requested and provide a copy of your driver's license.

I, _____, having applied for employment do hereby authorize ALL FACTS, to obtain an authorized background check.

Dr. Lic # or ID# _____ State _____

Full Name:
First _____ Middle _____ Last _____

SSN# _____

Date of Birth: _____ Phone # _____

Other names used 1) _____
2) _____
3) _____

Please provide any addresses including city/state/zip code/dates for the last 5 years

1. _____
2. _____
3. _____
4. _____

I hereby authorize South Side Mission to receive any criminal history record or any other information pertaining to me which may be in the files of any State, or local criminal justice agency in Illinois or any other state.

_____ Date

_____ Signature of Applicant