

EMPLOYER:

CONTACT:

E-Mail:

# API

## CONSENT FOR CRIMINAL BACKGROUND CHECK

\*\*\*\*\*CONFIDENTIAL DOCUMENT\*\*\*\*\*

Your signature below authorizes **API** and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

**Please complete all information below. Please print using ALL CAPITAL LETTERS.**

Legal Name: (FML)

Gender:  M  F **Other Names Used:**   
(Maiden, alias', legal name change, etc.)

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number:  -  -

DOB:  /  /  DL#:  State:

Your signature here authorizes *Motor Vehicle Records search*: \_\_\_\_\_

Previous Addresses in past 7 years: (list any other STATES if you can) \_\_\_\_\_

Have you ever been convicted of any crime?  Yes  No

If "Yes," explain: Charge / Offence \_\_\_\_\_

Date & Location \_\_\_\_\_

Disposition \_\_\_\_\_

Applicant's signature: I have reviewed and completed this form as applicable to me. I give **API** permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_