



EDMONDS FOOD BANK

CONFIDENTIAL - Destroy Bottom Section after Check

Background Check Authorization Form

If you can supply the Edmonds Food Bank with proof of a National Background Check from within the last two years, you can skip this process

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Telephone Number: _____ Birth Date ____ / ____ / ____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize the Edmonds Food Bank and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the verification of current and previous residences; employment history; civil and criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the Edmonds Food Bank or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Edmonds Food Bank and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers (should it be needed), and date of birth.

Signature: _____ Date: _____

Tear off this section and destroy after running the background check. Retain only the top portion.

If you have not lived in Washington State for 10 years, please provide your Social Security Number: _____