



Background Check & Reference Authorization

Consent to background screening, fingerprinting, and verification of the information provided.

◆ APPLICANT INFORMATION

FULL LEGAL NAME

DATE OF BIRTH (OPTIONAL)

OTHER NAMES USED

PHONE

CURRENT ADDRESS

EMAIL

◆ AUTHORIZATION

I authorize Educate to Elevate Staffing Solutions, and any agents or screening companies acting on its behalf, to conduct a background investigation in connection with my application and any placement. I understand this may include verification of my identity, education, credentials, and employment history; contact with the references I have provided; and a criminal-history check conducted through **LiveScan fingerprinting submitted to the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)**, along with any applicable Certificate of Clearance and sex-offender registry review.

I authorize schools, employers, agencies, and institutions to release information about me for this purpose, and I release them and Educate to Elevate Staffing Solutions from any liability for doing so. I understand that a consumer report or investigative consumer report may be obtained, that I may request a copy, and that placement is contingent on satisfactory results. I certify that the information I have provided is accurate.

◆ LIVESCAN / FINGERPRINTING (FOR OFFICE USE)

DATE FINGERPRINTED

ORI NUMBER

ATI NUMBER

◆ SIGNATURE

APPLICANT SIGNATURE

DATE