Tidewater Lumber & Mouldings, Inc.



**AUTHORIZATION FOR BACKGROUND CHECK**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, , hereby authorize Tidewater Lumber and Mouldings, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Tidewater Lumber and Mouldings, Inc. will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Name of Applicant

Previous Name(s) Used

Driver’s license # State Expiration

SSN #

Please provide your last three addresses below

|  |  |  |
| --- | --- | --- |
| Street Address | City, State, Zip | How Long? |
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Signature of Applicant                           Date

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Applicant's Name - Printed