



Background Check Authorization – Revised 7/26/19

Authorization: By signing below, you authorize: (a) Unique Background Solutions to request information about you from any public or private information source; (b) anyone to provide information about you to Unique Background Solutions; (c) Unique Background Solutions to provide us (**Yadkin Valley Economic Development District, Inc**) with reports based on that information; and (d) us to share those reports with others (auditors) for legitimate business purposes related to your employment, **volunteering** or other business purpose. Unique Background Solutions **will do a national criminal background check and may investigate your criminal record, address history, and social security number validity. We will also do a National Sex Offender Search, Terrorist Watch List Report, and may check your driving record and with public or private information sources.** This authorization also **includes your consent for drug testing**. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant, employee, or volunteer with us.

Personal Information: Please print the information requested below to identify yourself for Unique Background Solutions.

Printed name: _____

| | | | |
|--|-------|---|------|
| | First | Middle (<input type="checkbox"/> none) | Last |
|--|-------|---|------|

Other names used: _____

Current and former addresses:

| | | | |
|------------|----------|--------|-------------------|
| | current | | |
| from Mo/Yr | to Mo/Yr | Street | City, State & Zip |
| | | | |
| from Mo/Yr | to Mo/Yr | Street | City, State & Zip |
| | | | |
| from Mo/Yr | to Mo/Yr | Street | City, State & Zip |

Some government agencies and other information sources require the following information when checking for records. Unique Background Solutions will not use it for any other purposes.

| | |
|------------------------------------|-------------------------------|
| | |
| Date of birth | Social security number |
| | |
| Driver's license number & state | Name as it appears on license |
| | |
| Email address | Your job title |
| | |
| Name of YVEDDI Program you work in | County you work in |

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

| | |
|-----------|------|
| | |
| Signature | Date |