



background check consent

Please **print legibly** and answer all questions.

First Name: _____ Last Name: _____

Middle Initial: _____ Maiden Name (if applicable): _____

Other Names Used: _____ Gender: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Social Security Number: _____

Other Cities and States I Have Lived In (since age 18): _____

Date of Birth (MM/DD/YYYY): _____

I hereby authorize EdVenture Children's Museum to investigate my background and qualifications for purpose of evaluating for the position for which I am applying. I understand that EdVenture will utilize the appropriate in-state and out-of-state background check services to assist it in checking such information, and I specifically authorize such an investigation. 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. I release EdVenture Children's Museum and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any of the sources used. The information on this form is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signed: _____ Date: _____ Phone: _____