

# Background Check Consent Form

Please **PRINT** all your **information LEGIBLY** below & sign and date at the bottom.

Full Name : (PLEASE PRINT) \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone#1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

If under 18 number of parent or guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_

**\*\*\*\*\* Must be affiliated with City of Leitchfield \*\*\*\*\***  
**( ie; Supervisor/Dept Director or other Employee)**