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Background Check Authorization

PRINT NAME: _____
(FIRST) (MIDDLE) (LAST)

FORMER NAMES & DATES USED: _____

CURRENT ADDRESS: _____
(MONTH/YR) (STREET) (CITY) (STATE) (ZIPCODE)

PREVIOUS ADDRESS: _____
(MONTH/YR) (STREET) (CITY) (STATE) (ZIPCODE)

PREVIOUS ADDRESS: _____
(MONTH/YR) (STREET) (CITY) (STATE) (ZIPCODE)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

The information contained in this application is correct to the best of my knowledge. I, _____ authorize DELLIQUADRI LAWN MAINTENANCE & LANDSCAPE CONTRACTORS and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to DELLIQUADRI LAWN MAINTENANCE & LANDSCAPE CONTRACTORS or its agents. I further authorize the complete release of any records or data pertaining to me which he individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. DELLIQUADRI LAWN MAINTENANCE & LANDSCAPE CONTRACTORS and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including but not limited to, addresses, social security numbers, and dates of birth.

SIGNATURE: _____ DATE: _____

NOTICE TO CALIFORNIA, MINNESOTA & OKLAHOMA RESIDENTS: Please check the box below if you wish to receive a copy of the Consumer Report that is requested. I wish to receive a copy of any Background Check Report on me that is requested.