

CONFIDENTIAL BACKGROUND CHECK AUTHORIZATION

Print Name: _____
 First Middle Last

I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources. Western Montana Area VI Agency on Aging, Inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including but not limited to, addresses, social security numbers, and date of birth.

I understand employment is contingent upon results of checks.

Signature: _____ Date: _____