Authorization for Background Check

I hereby authorize Stephens Little Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the Company will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Company's choice. 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.

PLEASE PRINT LEGIBLY – ALL INFORMATION IS REQUIRED.

Last Name:	First Name:	Middle Name:

Address:	City:	State:	Zip Code:

Home Phone:	Cell Phone:	Date of Birth: (mm/dd/yyyy)

Driver's License State And Number:	Social Security Number:

List below any names used previously:

Last Name:	First Name:	Middle Name:

List below the full city/county/states where you have lived and/or worked in the last 7 years:

City:	County:	State:

Have you ever been convicted of a felony or misdemeanor?	Yes:	No:
Have you ever accepted deferred adjudication or pled no contest?	Yes:	No:

I certify that the information provided is complete and accurate to the best of my knowledge. I further authorize Stephens Little to share a copy of my completed background check upon the specific request of their client.

_____ _____

Signature Date

For Office Use Only:

Driver's License:	Criminal:	Sex Offenders:

Verified by:	Date:	Requested by:	Date: