

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Social Security Number: _____ - _____ - _____

DOB: _____

Telephone Number: _____

The information contained in this application is correct to the best of my knowledge.

Buena Vista Public Library and its designated 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 dates of birth.

Signature: _____ Date: _____

Staff Use

Please attach a photocopy of photo ID