



TAURUS
STAFFING SOLUTIONS

BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I authorize Taurus Staffing Solutions 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 purposes. I understand that the scope of the consumer report/ investigative consumer report may include but is not limited to the following areas: verification of social security number; 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 other 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 Taurus Staffing Solutions or its agents. 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. Taurus Staffing Solutions 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.

Name (Printed): _____ Date of Birth: _____

Maiden/Former Name(s): _____

Current Address: _____
Street City State

Previous Address: _____
Street City State

Social Security #: _____ DL# _____ State _____

By signing this document, I am providing Taurus Staffing Solutions my consent for an initial background check and any subsequent background checks deemed necessary throughout the length of my employment assignment with their organization. I attest that the information provided is true, correct and to the best of my knowledge.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.