



## Volunteer Background Check

### Pre-Employment Background Check Authorization

Full Name:

	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Other Names Used: Maiden / Alias	1)	2)	3)
Social Security Number:			
Driver License Number:			
DOB:			

Present Address: Street  
City,

State		Zip Code
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Previous Address: Street  
City,

State		ZIP Code
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Phone:

Email

### Authorization

I understand that in connection with my application for employment, The Flippin Gym-Great Falls dba "Golden Triangle Gym" may use an outside agency to research and verify the information I have provided on my application for employment. This agency will provide a report to The Flippin Gym, LLC dba "Golden Triangle Gym".

I understand the outside agency will obtain information it deems appropriate from various sources including but not limited to the following; credit reporting agencies, past and present employers, criminal conviction records, department of Motor Vehicle, Military, school, professional and personal records. I authorize without reservation any individual, corporation or public or private entity to furnish Golden Triangle Gym any information about me.

This authorization and consent in any form, in original, photocopied, faxed or electronic form shall be valid for this and any future reports and updates that may be requested by Golden Triangle Gym.

Applicant Signature:

Printed Name:	
Dated this Day:	