

TLAB AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Technology Laboratory and Professional Development Center (TLAB) 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 TLAB 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.

Signature

Date

Name - Printed

Birth Date

____-____-_____
Social Security Number

Driver's License State

Driver's License Number

Current Address

Previous Address