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The perfect formula for protecting people, property and reputations.

BACKGROUND CHECK AUTHORIZATION FORM

(This form is to be filled by the individual whose background is to be checked)

First Name: _____ Middle Name: _____ Last Name _____

Other name(s) that may have been used in the past _____

Gender _____ Date of Birth: _____ Place of birth _____

State / province _____ Country _____

Social Security Number: _____ Nationality _____

Phone: _____ Email: _____

Address: _____ Town: _____

Zip: _____ State: _____

Do you have any criminal convictions? _____

If YES, briefly explain the nature _____

Country, state and county that the conviction occurred _____ Date _____

I hereby give permission to AAA Superior Pest Control, LLC to run a background check on the information provided in this form.

Signature _____ Date _____

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