

# Background Check Authorization Form

Records employee consent for background verification processes.

## 01 Employee Information

First Name

Last Name

Date of Birth

Employee ID

Email Address

Phone Number

## 02 Authorization Scope

I authorize the following background checks:

- |  |  |
|--|--|
| <input type="checkbox"/> Criminal Record Check             | <input type="checkbox"/> Employment History Verification |
| <input type="checkbox"/> Education Verification            | <input type="checkbox"/> Credit History Check            |
| <input type="checkbox"/> Professional Reference Check      | <input type="checkbox"/> Identity Verification           |
| <input type="checkbox"/> Professional License Verification | <input type="checkbox"/> Drug Screening                  |

## 03 Previous Employment

Most Recent Employer

Position Held

Employment From

Employment To

## 04 Education

Highest Degree

Institution

Graduation Year

**05 Additional Notes**

Any additional information

**Declaration & Consent**

By signing this form, I hereby authorize Humii and its designated agents to conduct the background checks selected above. I understand that information obtained may be used in employment decisions. I certify that all information provided is true and complete, and I understand that any misrepresentation may result in disqualification or termination. All data will be handled in accordance with Humii's Privacy Policy and applicable laws.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Designation