

Brightpoint
Background check authorization form

I agree to immediately notify Brightpoint if I should be convicted of any crime during the course of my employment or contract assignment. In addition I authorize Brightpoint to request the following background checks: Criminal history, BMV (Bureau of Motor Vehicle), Sex Offender, CPS (Child Protective Services) Educational and reference checks. I understand that the information obtained will be used solely for job-related purposes.

Full Legal Name: (Print) _____
Nick Name: _____ Adoptive Name: _____
All other first or last names used: _____
Full Address: _____
Date of Birth: _____ Social Security number: _____
Gender: M or F Race: _____
Do you have a valid Driver's License? _____ What State? _____
Driver's License number _____
State in which you were born: _____
What Country are you a Citizen? _____
If you were not born in the USA, what Country were you born in? _____

List the complete addresses where you have lived in the past 7 years

1) Street Address: _____

City: _____
State: _____
Zip Code: _____
County: _____
What month/year did you live here? _____

2) Street Address: _____

City: _____
State: _____
Zip Code: _____
County: _____
What month/year did you live here? _____

3) Street Address: _____

City: _____
State: _____
Zip Code: _____
County: _____
What month/year did you live here? _____

4) Street Address: _____

City: _____
State: _____
Zip Code: _____
County: _____
What month/year did you live here? _____

*****Signature:** _____

*****Date:** _____