



Background Investigation Authorization Form

I _____ authorize Integra Confidential LLC and its agents to investigate my background as it pertains to employment, appointment or volunteering considerations at The Denver Christian Schools. This authorization is valid for current and re-examination of any of the above investigations for a period of three years unless revocation of permission is expressly requested in writing to company management. A photo static copy of this document can be substituted for the original. This document shall be valid for a period of 3 (three) years from the date of my signature.

Signature of Applicant _____ Date: ____/____/____

Printed Full Name of Applicant _____

Social Security # _____ - _____ - _____ Applicant Date of Birth _____ - _____ - _____
(Month, Day, Year)

Driver's License # _____ State of Issue _____

Please list all of your addresses for the past 5 years, starting with most recent: (Must include present address)

At a minimum please include *Street *Zip *From/To Dates *Address *City *State *County

Have you ever been convicted of a crime (Other than minor traffic offenses)? Yes__ No__

If Yes, Please Explain Charges: (Use an additional sheet of paper if necessary) _____

In What State, County and Year did these convictions occur? _____

Other names you have used, including maiden names and the date(s) your name(s) changed

(MN/CA residents only): Do you wish to receive a copy of your report? Yes_____ No_____
