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 Unlocking Doors® 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 Unlocking Doors® 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.

If you authorize Unlocking Doors® to complete the required background check, please sign and date below and provide your date of birth and Social Security Number below.

_____ _____

Signature of Intern/Volunteer Date

_____

Name of Intern/Volunteer – Printed

Date of Birth: _____

Social Security Number: _____

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