



Background Check Authorization Form - EN

Personal Information

Full Name:

Date of Birth:

Social Security Number (or equivalent):

Current Address:

Previous Addresses (past 5-7 years):

Contact Information:

Phone Number:

Email Address:

Authorization:

I, _____, authorize Paxter Pro Crew to conduct a background check on me. **If I have resided in the United States for less than 5 years, I understand that I must provide background checks from my country of origin.**

Signature: _____

Date: _____

Please complete the form above and send it along with a hand-written signature and date to **max@paxterpro.com**