

Background Check Authorization

Company name: _____

I authorize the company referenced above to complete an investigation into my background for purposes of determining whether I am qualified for the employment post for which I am applying including one or more of, but not limited to, the following: reference checks, driving record, criminal record, education, employment history, and any other information provided in my application for employment. I understand that the company may contract an outside agency to complete the background checks and I authorize such an action. I understand that I may deny permission to complete a background check and that background checks will not be completed and my application for employment may no longer be considered.

I hereby authorize a background check or checks as described above:

☐

Yes

☐

No

Signature: _____

Printed name: _____

Date: _____

Employee Information

Personal Information

Last name:	First name:	MI:
Street address:		
City:	State:	Zip:
Home phone:	Cell phone:	
Driver's License state:	Driver's License number:	
Date of birth:	Social Security Number:	
Date of hire:	Title:	
Department:	Supervisor:	

Emergency Contact #1

Name:	Relationship:
Primary phone:	Secondary phone:
Address:	

Emergency Contact #2

Name:	Relationship:
Primary phone:	Secondary phone:

Emergency Contact #3

Name:	Relationship:
Primary phone:	Secondary phone:

Direct Deposit Authorization

3 Simple Steps:

Step 1: Complete your name, social below

Step 2: Sign your name in the space provided

Step 3: Attach a voided check for each separate account listed.

No deposit slips, please.

Bank Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> \$ Market \$ _____ or % _____
Routing/Transit #	Account #	
Bank Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> \$ Market \$ _____ or % _____
Routing/Transit #	Account #	
Bank Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> \$ Market \$ _____ or % _____
Routing/Transit #	Account #	
Bank Name		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> \$ Market \$ _____ or % _____
Routing/Transit #	Account #	

Below is a sample check MICR line, detailing where the information necessary to complete the form can be found.

Memo _____	
I: 0 1 2 3 4 5 6 7 8 I: 1 2 3 4 5 6 7 8 9 0 1 0 1	
Routing/Transit # (A 9-digit number always between these two marks)	Checking Account #
Check # (this number matches the number in the upper right corner of the check-- not needed for sign-up)	

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

I authorize my employer's institution, and the financial institution(s) I list above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries, which were incorrectly funded by any person or for any processing activities by said banking institutions. This authorization will remain in effect until written notice of cancellation.	
Employee Name	Social Security# (Last 4 digits)
Employee Signature	Date

Acknowledgement of Receipt of Employee Handbook

Company name: _____

I acknowledge that I have reviewed and have access to the employee handbook. I understand that I am responsible for reading and abiding by all policies and procedures in this handbook, as well as other policies and procedures of the company. I also understand that the purpose of this handbook is to inform me of the company's policies and procedures, and it is not a contract of employment. Nothing in this handbook provides any entitlement to me or to any company employee. I also understand that the company has the right to change any provision of this handbook at any time without notice and that I will be bound by any such changes.

Please sign and date one copy of this notice and return it to your manager. Retain a second copy for your reference.

Signature: _____

Printed name: _____

Date: _____

Policy Acknowledgement

Company name:

Policy name:

I acknowledge that I have reviewed and have access to the company policy listed above. I understand that I am responsible for reading the full policy and abiding by the policy and all rules and regulations contained within the policy. I also understand that the purpose of the policy is not a contract of employment. Nothing in the policy provides any entitlement to me or to any company employee. I understand that the company has the right to change any provision of the policy at any time without notice and that I will be bound by any such changes.

Please sign and date one copy of this notice and return it to your manager. Retain a second copy for your reference.

Signature:

Printed name:

Date:
