



3901 Blue Ridge Cut Off  
Kansas City, Missouri 64133  
(816) 407-9079  
(816) 407-9273 Fax

## Authorization to obtain Criminal Background Check and Motor Vehicle Record

PLEASE PRINT CLEARLY

I, \_\_\_\_\_, authorize and consent to the Company to run a National Criminal Background check, including Sexual Offender Registry and obtain a copy of my Motor Vehicle Report (MVR) for any Driver's License that I have held within the last five years.

I realize the information contained in the National Criminal Background check and MVR(s) will be used to determine my employment eligibility and will only be used for employment purposes.

This authorization also provides my permission to obtain future National Criminal Background checks and MVR's as needed, by the Company from time to time. This authorization shall remain valid throughout the course of my employment with the Company, unless I notify the Company in writing. Please complete this form by printing clearly.

Store #: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_