



CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Dental Ink and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts and correction agencies. Please print and complete all information.

Full Legal Name: _____ **Male** _____ **Female** _____

Current Address: _____

Other Names Used: _____

(Maiden, alias', legal name change, etc.)

DOB: _____ **DL#:** _____ **State:** _____

Previous Addresses in past 7 years: _____

Applicants signature: I have reviewed and completed this form as applicable to me. I give Dental Ink permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be effective as the original. By my signature, I affirm that all information on this form is accurate and true. My signature below authorizes the release of such information for employment purposes only. Dental Ink is an equal opportunity employer and consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation or any other legal protected status.

Signature of applicant: _____

Date: _____

