



Boundless Miracles, LLC

Where Miracles Abound Everyday!

Employment Background Authorization and Release

I hereby authorize Boundless Miracles, LLC to obtain any and all information that pertains to my eligibility for employment. This information will include, but is not limited to: driver/motor vehicle record check, employment verification, education verification, personal and professional reference checks and social security number verification. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at **any time** during my employment or contract.

Personal Information (List all names you have had in the past & present)

Last

First

Middle

Name: _____

Name: _____

Name: _____

SSN _____ Date of birth _____ Gender _____ Race _____

Drivers License Number _____ State issued _____ Expires _____

Current Street Address: _____

City _____ State _____ Zip _____ Phone _____

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against Boundless Miracles, LLC or it's acting agents. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature & Date: _____