



## Background Check Form

I, \_\_\_\_\_ (name), hereby authorize **Ayusa** to conduct a background check with the information I have provide below. I understand that this authorization and release shall be valid for subsequent checks during my period of employment with Ayusa.

This background check may include, but is not limited to, my driving history; a social security number verification; present and former addresses; criminal history records; and employment verifications, personal references, and personal interviews to discern information as to my character, general reputation, and personal characteristics.

I understand that under the Fair Credit Reporting Act (FCRA) I will be given an opportunity to challenge the accuracy of any information received if it may jeopardize my current or future employment with **Ayusa**.

As a staff member with **Ayusa**, I hereby attest to the truthfulness of the representations I have made. If any statement I have made is found to be false, my position with **Ayusa** may be terminated, regardless of the time elapsed before discovery.

I hereby release and agree to hold harmless from liability any person or organization that provides this information. I also agree to hold harmless **Ayusa**, and the officers, employees, and volunteers thereof.

\_\_\_\_\_  
(Signature of the Applicant)

\_\_\_\_\_  
(Date)

### Employee Information

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

Birth Date: \_\_\_\_\_ Gender: ☐ Male ☐ Female Birth Place: \_\_\_\_\_

***Other Names Used Or Have Used: (e.g. maiden name, birth name, or previous married name)*** \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

*The information obtained on this form is for internal use only and will be kept confidential to protect personal information.*

**Please return to: Ayusa 600 California Street, 10<sup>th</sup> Floor, San Francisco, CA 94108 or fax it to our confidential fax number at (415) 873-1342**

**Intrax   AuPairCare   Ayusa   Lango   ProWorld**

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