

Background Check Authorization

I hereby authorize TEXAS LIONS CAMP or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release, indemnify and discharge my prospective employer or other source providing information from any and all claims, liabilities and/or damages arising out of or relating to any investigation of my background for said purposes.

PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY.
USE ADDITIONAL PAGES IF NECESSARY.

Name _____ Alias/Other _____
(First, Middle, Last -- Print Clearly)

Date of Birth _____ Social Security # _____

(1) Current Address _____

City/State/Zip _____ County/Parish _____

Dates at this Address: From _____ To _____

(2) Previous Address _____

City/State/Zip _____ County/Parish _____

Dates at this Address: From _____ To _____

(3) Previous Address _____

City/State/Zip _____ County/Parish _____

Dates at this Address: From _____ To _____

Applicant Signature _____ Date _____

Witness Signature _____ Date _____