



## Recovery Program Solutions of Virginia, Inc. Background Check Permission Form

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

(Please read and sign this form in the space provided below. Your Written Authorization is necessary for completion of the application process.)

I, \_\_\_\_\_ hereby authorize Recovery Program Solutions of Virginia, Inc. to investigate my background and qualifications for purposes of evaluation whether I am qualified for the position for which I am applying. I understand that Recovery Program Solutions of Virginia, Inc. will utilize an outside firm or firms to assist in the checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Applicant