Prope	rty Name:	Property Code:					
	Authorization fo	r Background Check Report					
After carefully reading this Background Check disclosure and Authorization form, I hereby authorize AMC, LLC to procure a background check report on me that is prepared by a consumer reporting agency. I hereby agree that a photocopy of this authoribe accepted with the same authority as the original, and I specifically waive any written notice from any present or former employenement approvide information based on this authorized request. I understand that this authorization is to be part of the written employment agreement application that I sign.							
also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to; my past or present employers; any and all educational institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; military service; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information in their possession regarding or concerning me in connection with an application for employment.							
concerning my emplo	yment history, earnings history, educa	rting agency and it agents includes, but is not limited to, information ution, motor vehicle history, criminal history, drug test results, military equested by the consumer reporting agency or its agents.					
	consumer notification that a report will ent or retention as an employee.	l be requested and used for the purpose of evaluating me for employment,					
	For jobs located in California, Minne ee copy of any background check repo	esota and Oklahoma: rts on you by checking the box below.					
☐ I request a free co	opy of the report.						
	tion I provided on this form is true and oloyment with the company, or if I am	d correct. I understand that dishonesty will disqualify me from hired, that I may be terminated.					
I agree that a facsimil	e or photocopy of this form may be us	ed in lieu of the original.					
Last Name	First Name	Middle					
House Number	Street Name	Apartment number					
City	State	Zip Code					
How long at Present a	address?						
If less than 3 years wh	nat is your previous address?						
Social Security Numb	per	FOR IDENTIFICATION PURPOSES ONLY: Date of Birth					
HAVE YOU EVER F	BEEN EMPLOYED BY AMC AT AN	IY TIME? Yes No If so, when?					
Signature		Date					

AMC Reference Check Form

Applicant:		Position Applied For:					
Company Contacted:							
Person Contacted: _							
Title:							
Phone Number: (_			
Dated of Employment: Fro							
Salary: \$	Bonus: \$	Co	ommission: \$				
What was/is your relationsh	ip with the app	licant?					
How long have you known	the applicant? _						
What were the applicant's jo	ob title and duti	es?					
If applicable, how many peo	ople did this per	son supervise?					
Reason for leaving?							
Attendance/Punctuality?							
Strong points?							
Areas for improvement?							
How does this person get along with other people?							
Would you rehire? [] Yes							
Additional Comments:							
Verification of Educational							
Reference CHECKED BY							
Additional Comments:							