



AUTHORIZATION FOR BACKGROUND CHECK

Please complete and sign this form in the space provided below. **PLEASE WRITE LEGIBILY.**
We need the following information to complete your background check:

Name (Last, Middle, First): _____

Address: _____

City, State, Zip: _____

** Social Security No: _____

Date of Birth: _____

Race: _____

Gender: _____

Maiden Name/Alias: _____

** Driver's License No: _____ Issuing State: _____

** State ID No: _____ Issuing State: _____

Phone No: _____

Email Address: _____

Your written authorization is necessary for completion of the Employment Application process.

I, _____, hereby authorize Lior's Café, LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying.

I understand that Lior's Café, LLC will utilize an outside firm or firms to assist it in 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 Employee

Date

Employee's Name - Printed

****A scanned copy is required with the completed Form.
PLEASE WRITE LEGIBILY**