BACKGROUND INVESTIGATION CONSENT	
Full name (printed)	
Maiden name or other name(s) u	used
Present address	Length of time at this address
City/State	Zip
Phone Number(s): Home	Mobile
IF LENGTH OF TIME AT PRES	SENT ADDRESS IS LESS THAN SIX MONTHS
Previous address	Length of time at previous address
City/State	Zip
I certify that the above statement the right to discontinue the screen	cial Security Number Driver's license # State ts are true and correct. I acknowledge that Dream Builders reserve ning process at any point. The reasons may or may not be disclosed to the basis of age, sex, race, color, creed, sexual orientation, national other protected status.
investigation of my background, re maintained by both public and prive the information contained on my ap	authorize Dream Builders and/or its agents to make an independent ferences, character, criminal or police records, including those ate organizations and all public records for the purpose of confirmin oplication and/or obtaining other information which may be material w and, if applicable, during the tenure of my involvement with Dream
pursuant to this authorization, fro	s agents and any person or entity, which provides information m any and all liabilities, claims or lawsuits in regards to the all of the above references sources used.
Signature:	Date://