

5549 State Road 425 Bypass
Henderson, Kentucky 42420
Phone 270-827-8820
Fax 270-827-3044

1903 North Austin
Seguin, Texas 78155
Phone 830-401-4523
Fax 830-401-4532

Employment Background Check Authorization

I, _____, understand that as a part of the employment process, Matrix Composites, Inc. will perform a background check on me regarding any/or all of the following items:

- 1. Criminal record
- 2. Sex or Violent Offenders Record
- 3. Education Verification
- 4. Personal/Professional References
- 5. Delinquent Child Support
- 6. Driving Record
- 7. Employment Verification
- 8. Medical Suitability/Worker's Comp
- 9. Drugs/Alcohol

- a. I authorize all federal and state agencies, persons and Organizations that may have information relevant to this research to disclose such information to Matrix Composites, Inc. or it's authorized agent(s).
- b. I understand that this authorization is to be part of the written and signed employment application.
- c. I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- d. I further authorize that a photocopy of this authorization may be considered as valid as the original.
- e. I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with Matrix Composites, Inc. is contingent upon successful completion of a background check.

_____ Signature _____ Date

Full Name _____ Telephone _____

Former Name(s) and Date(s) Used _____

Current Address _____

Date of Birth _____ Social Security Number _____

Current Drivers License Number _____ State _____

Lists any cities, state & dates of residency during the last 10 years (use back of sheet, if necessary).

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____