



**Evergreen  
Bookkeeping  
Solutions**

AUTHORIZATION FOR BACKGROUND CHECK

(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 Evergreen Bookkeeping Solutions 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 Evergreen Bookkeeping Solutions will utilize Washington State Patrol to assist in checking such information, and I specifically authorize such an investigation. 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