



# AMERICAN TRADITIONAL JUJUTSU ASSOCIATION National Background Screening Consent Form



Applicant's **Legal** Name (printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local Criminal background records/information
- National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my assignment with this Organization.

Printed Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Written Signature \_\_\_\_\_

### PAYMENT INFORMATION:

Would you like a copy of your background screening results sent (email) to you? Yes\_\_\_  
No\_\_\_

Send one copy of this form and a check in the amount of \$16.00 payable to:

SOUTHEASTERN SECURITY CONSULTANTS, INC.  
1853 Piedmont Rd. Suite 100  
Marietta, GA 30066

If you wish to use a credit card, complete the following section:

CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

3/4 Digit Code: \_\_\_\_\_ Type of CC (Circle one): Visa MC Amex

Print Name (as on card): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax to 866-996-1292, or Scan and email to [ssciteam@ssci2000.com](mailto:ssciteam@ssci2000.com)