



BACKGROUND CHECK RELEASE

AGWM Personnel and Member Care

MAPS Team Member

I authorize AGWM to run a background check by providing the information below and signing this form.

First Name: _____ Middle Name: _____ Last Name: _____

Soc. Sec. #: _____ Birth Date: _____
Note: The entire Social Security number is required to run the background check.

Trip ID #: _____

Signed

Date

Current Address (No P.O. boxes.)

Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Previous Address

Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____