AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in completion of the application processing the completion of the application processing the complete t		ow. Your written authorization is necessa	iry for
position for which I am applying. I or firms to assist it in checking suc information services and outside e	understand that Fuller Hehinformation, and I speentities of the company's such a case, no investi	by authorize Fuller Home Building, Inc. to sof evaluating whether I am qualified for Home Building, Inc. will utilize an outside ecifically authorize such an investigation schoice. I also understand that I may igation will be done, and my application	firm by
Print your Name <u>:</u>			
Street Address:			
City:	State:	Zip:	
Social Security Number:			
Driver's License State <u>:</u>	License Number:		
The following is for identification p	urposes only to perform	the background check:	
Date of Birth (MM/DD/YYYY):	Race <u>:</u>	Gender (M or F):	
Other or Former Names:			
Signature:		Date:	