



**TEMPORARY EMPLOYEE BACKGROUND CHECK**

Background checks are required for anyone registering with Dental Professionals to perform temporary work or permanent placement candidates that will perform working interviews with clients. Please complete and sign below to authorize Dental Professionals to perform your background check.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

List any other aliases (including maiden name) and dates that you used those names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**

Data entry completed: \_\_\_\_\_  
Initial