



Personnel Security & Background Investigation Consent Form

To obtain approval to provide services through Christopher O’Keeffe, CPA, LLC as an employee or independent contractor, I understand and agree that a background investigation (BI) may be required. I understand that this BI may cover verification of my social security number, federal/state identification numbers, driving, education and criminal records as well as past employment records. According to the Fair Credit Reporting Act I am entitled to know if my services are denied because of information obtained by Christopher O’Keeffe CPA, LLC, from a consumer reporting agency. If so, I will be advised by Christopher O’Keeffe CPA, LLC, and be given the name of the agency or source of information. I understand that the information provided for this background check will be confidentially communicated to the investigative agency.

Name (Last, First, MI): _____

Social Security Number: _____

Citizenship: _____

Date of Birth: _____

Place of Birth: _____

Marital Status: Single Married

Divorced Widowed

Drivers License Number: _____

State issued: _____



Current Address:

Previous Address:

Phone number:

EIN/TIN (if applicable):

Signature:

Date:
