

AUTHORIZATION FORM

Please read the following statements carefully.

The purpose of this form is to notify you that _____ Possible Employer or its representative **Background Check Professionals** ("Company") may obtain information about you for employment purposes to the extent permitted by law.

Investigative Consumer Reports: I authorize the Company to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records and/or military records.

Education and Employment: I authorize schools, colleges and all scholastic institutions to release and and all information requested. This includes transcripts, grades, attendance records, and any other information requested. I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competencies, and skills. Furthermore, I authorize full disclosure of any and all drug and alcohol testing results.

Authorization and Understanding: I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent or representative of the Company. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above.

If you are a Minnesota, California, Oklahoma or New York resident only and you want a copy of your report, check here _____.

The reports will be mailed to you at the address below. I indemnify, release, and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigations, disclosures or admissions. Copies, scans and facsimile transmissions of the authorization that show my signature are as valid as the original release signed by me.

APPLICANT SIGNATURE: _____

TO BE COMPLETED BY APPLICANT						
The following information is true and correct to the best of my knowledge and is used for identification and investigative purposes only. PLEASE USE A BLACK OR BLUE INK PEN AND PRINT CLEARLY. USE UPPER CASE LETTERS, ONE LETTER PER BLOCK, AND SPACES BETWEEN WORDS.						
Self	Last Name					
	First Name					
	Middle Name	Nickname				
	Maiden Name	Date Applicable	-	-		
	Previous Married Name 1	Date Applicable	-	-		
	Previous Marries Name 2	Date Applicable	-	-		
	Date of Birth	-	-	Today's Date	-	-
	Soc Sec Num	-	-			
	Driver's License Number				State Issued	
	Cell Phone	-	-			
	Home Phone	-	-			
	Email Address					
RESIDENTIAL ADDRESS (PLEASE FILL IN BELOW)						
Current	Street Address					
	City/State/Zip Code	City	State	Zip Code	-	
Former	Street Address					
	City/State/Zip Code	City	State	Zip Code	-	
Other	Place of Birth	City	State	Zip Code	-	