

Background Inquiry Release Authorization

I understand that, in connection with my application for or employment/volunteer work by _____ (The "Employer"), investigative background inquiries may be made on myself including, but not limited to consumer credit reports, criminal history information, motor vehicle records, previous employer verifications, education verifications, worker's compensation reports, and other reports. These Reports may include information as to my character, work habits, performance and experience, along with reason for termination of past employment.

I further understand that the above mentioned employer, and/or its authorized agent may be requesting information from various Federal, State, private, insurance, and other agencies concerning my past activities relating to my credit, driving, criminal, civil, and other experiences. I voluntarily and knowingly authorize each and every present and past employer or supervisor; college, university or other educational institution; finance bureau/office; credit bureau; collection agency; private business; personal reference; and other persons to give records of information they may have concerning my credit, criminal history, health, character, and employment, or any other information requested by the above mentioned employer or its authorized agent.

I voluntarily, knowingly and unconditionally release any named or unnamed reporting party from any and all liability resulting from the furnishing of any information to either the employer or its authorized agent.

I understand that if I am denied employment because of information that is found in the background investigation, I am entitled to a copy of the investigation report.

The purpose of this release form is to notify you that a consumer report will be compiled in the course of consideration for your employment.

(Applicant Signature) Today's date _____

Applicant Information

Legal name (Last) _____ (First) _____ Middle): _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Maiden or Alias Name (If used): _____ Used when? _____

Address: _____ City: _____

State: _____ Zip _____ How long have you lived there? _____

Previous: _____ City: _____

State: _____ Zip _____ How long did you live there? _____

Previous: _____ City: _____

State: _____ Zip _____ How long did you live there? _____

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State: _____ Zip _____ How long did you live there? _____

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State: _____ Zip _____ How long did you live there? _____