

Permission to Procure an Investigative Report

Please type or print legibly name as it appears on your driver's license.

LAST	FIRST	FULL MIDDLE
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STREET ADDRESS _____

CITY	STATE	ZIPCODE
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Please list other names used and dates of name change in the last ten years:

FULL NAME	DATE
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FULL NAME	DATE
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FULL NAME	DATE
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DOB: ____/____/____ SSN: _____ - _____ - _____ SEX: Male Female

DRIVER'S LICENSE NUMBER _____ STATE _____

Have you ever been convicted of a crime? _____ If yes, please provide details of all convictions and locations of all convictions. (A yes answer will not necessarily disqualify you from employment.)

RESIDENCES: Please list residences in the last 10 years

State _____	City _____	County _____	Years: _____ to _____
State _____	City _____	County _____	Years: _____ to _____
State _____	City _____	County _____	Years: _____ to _____
State _____	City _____	County _____	Years: _____ to _____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, _____, its employees, any individual or agency obtaining information for _____, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.

Applicant or Parent/Guardian Signature	Date
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Witnessed	Date
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