



## Employment Background Authorization & Release

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "Report") may be procured at any time during my candidacy for employment and/or during my employment, contract work or volunteer work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Company policy, information may be obtained from public and private sources and may include information related to: social security number verification, criminal records, credit history, driver/motor vehicle records, employment, education, credentials and personal references. I also understand that the information I provide regarding my sex, race and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

### Personal Information *(List all names used)*

| Last  | First               | Middle               |
|---|---------------------|----------------------|
| Name _____  | _____               | _____                |
| Name _____  | _____               | _____                |
| Name _____  | _____               | _____                |
| Home Address _____ City _____ State _____ Zip _____           |                     |                      |
| SSN _____   | Date of Birth _____ | Sex _____ Race _____ |
| Drivers License Number _____ State Issued _____ Expires _____ |                     |                      |

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and Company from any liability arising out of the request or release of the information contained in the Report. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### California, Minnesota and Oklahoma Residents only:

I understand that under State law, I have the right to receive a copy of the Report at no charge to me.

☐ Yes, I wish to receive a copy of the Report (check here).

### Report processed by:

Background Investigation Bureau, Inc.  
9710 Northcross Center Court  
Huntersville, North Carolina 20878 Toll  
Free: (877) 439-3900

Personal & Confidential Information