

Background Investigation Information and Consent

I understand that you intend to make an independent investigation of my background which may include references, character, past employment, education, credit and consumer information, driving history, criminal or police records, or insurance claim records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment (a *background investigation*).

CONSENT. I hereby authorize you, as a part of the application process, and from time to time during my employment, to the extent permitted by applicable law, to conduct a Background Investigation, which may include a consumer report and/or a Motor Vehicle Report. I authorize the release of all such information to you.

I release, without reservation, you and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or causes of action in regard to the information obtained from any and all of the above reference sources used. I acknowledge that this is a stand-alone consumer notification informing me that a report will be requested and that the information obtained shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Legal Name: _____

Social Security #: _____ Date of Birth: _____

Present Address: _____

City/State/Zip: _____ How Long? _____

Former Address: _____

City/State/Zip: _____ How Long? _____

Maiden Name or Other Names Used: _____

Driver's License Number/State: _____ Expiration Date: _____

Previous Driver's License Number/State: _____ Expiration Date: _____

Signature: _____ **Date:** _____

If you are under the age of 18, your parent or guardian must complete the following section and sign the form on your behalf.

Name of Parent or Guardian: _____

Present Address: _____

City/State/Zip: _____

Signature of Parent or Guardian: _____ Date: _____

Note: The above information is required for identification purposes only. We are an Equal Opportunity Employer, and do not discriminate on the basis of sex, race, color, religion, creed, national origin, veteran status, age, disability or on the basis of any other classification or characteristic protected by federal, state, or local law. In addition, this form is subject to revision without notice in the event of a change in federal, state or local law.