

AUTHORIZATION FORM FOR CONSUMER REPORTS

Order Number: _____
HR Use Only

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including criminal records. Further, I understand that information from various Federal, State, local and other agencies which contain my past activities will be requested.

By signing below, I hereby authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract). I also agree that a fax or photocopy of this authorization with my signature can be accepted with the same authority as the original.

Position: _____

Department: _____

Print Your Full Legal Name _____

Current Address _____

City _____ County _____ State _____ ZIP _____

Date First Resided at this Address (Month & Year) _____

Social Security Number _____

Drivers License State _____ License number _____

For identification purposes

Date of Birth: Month _____ Day _____ Year _____ Race _____ Gender: M F

Other or former names _____

Signature _____ Date _____

Previous Addresses in last 7 years
Must Include County and Dates (Month & Year)

1. _____
Street Address, City, County, State, Zip From: To:

2. _____
Street Address, City, County, State, Zip From: To:

3. _____
Street Address, City, County, State, Zip From: To: