

**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: