Note:

I understand the information requested on this form is for the sole purpose of conducting a pre-employment search and should be completed only by a candidate who has been offered (or is being considered for) a position with the company. In giving this consent, I understand that a consumer report, court records, driving records, current and prior employment, personal references, education records, professional license records, social security records, or worker's compensation records may be requested and a search conducted to determine my suitability for employment. (Workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or other applicable state laws.) I further understand if employment is denied in whole or in part because of information obtained by my employer or prospective employer from a consumer reporting agency, I have the right to make a written request within a reasonable time to receive information about the scope and nature of the search. I understand the information below regarding sex, and date of birth is requested for the sole purpose of gathering information accurately, and will not be used to discriminate against me in violation of the law. A facsimile or photographic copy of this authorization shall be as valid as the original.

I also authorize all of my former employers (including personal and business references or self-employment) to provide any information they have regarding me, whether or not it is in their records.

My authorization for conducting this pre-employment search expires 90 days from the date indicated below.

Candidate's Signature:

_____ Date: _____

_____, _____ _____

Last Name First Name Middle Name

_____ _____ _____ _____ M__ F__

Maiden Or Other Name Social Security # Date of Birth Sex

Current Address:

_____ _____ _____ _____

Street City State Zip

_____ _____ (_____) _____

County Yrs. in Residence Phone Number

Previous Address:

_____ _____ _____ _____

Street City State Zip

_____ _____ (_____) _____

County Yrs. in Residence Phone Number

Driver's License

_____ _____ _____

Driver's License Number State of Issue Date Issued

_____

Please Print Your Name Exactly As It Appears On Your Driver's License

Company Name_____ **Fax #:**_____ **Phone # :**_____

_____ _____

Requester's Name Date