

INVESTIGATIVE PROFESSIONALS LLC

PO Box 570, Sedona Arizona 86336
InvestigativeProfessionals.com - contact@InvestigativeProfessionals.com
Phone: 928-451-1598 - Fax: 877-657-6691

EMPLOYMENT INQUIRY RELEASE FOR BACKGROUND REPORTS

*** To be completed by person whose background will be reported ***

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made concerning but not limited to my character, work habits, performance and experience.

Also I also understand that you will be requesting this information from federal, state, local and private agencies. I understand that the information requested will include but not be limited to my credit report, criminal history, drug screening, civil court history, motor vehicle records, professional license check, educational history, previous employment, workers compensation history as well other reports and/or references, (both public and private).

I authorize, without reservation, any party, agency or agency representative contacted by the below named employer to obtain the above information and reports.

I authorize without reservation, any party, agency or agency representative contacted by the below named employer his agent or agency representative to furnish the above mentioned information or reports.

I hereby consent to your obtaining the above mentioned information and reports through your agent, Investigative Professionals LLC. And agree to indemnify and hold harmless, you or your agent, Investigative Professionals LLC, their agent or their representative for record content, errors or omissions, {For California employees or applicants only: (1) Your employer shall provide you with a written notice of the nature and scope of any investigative consumer report sought and a copy of California Civil Code 1786.22; and (2) If you would like to receive a copy of any report, if one is obtained, please check here: ___ and the C.R.A or your employer, where required by state law, will provide you with a copy of the report.} {For Minnesota or Oklahoma applicants or employees only, if you would like to receive a copy of any report, if one is obtain, please check here: _____.}

Print Name: (Last) _____ (First) _____ (Middle) _____

Other Former Names: _____

Address (Current): _____ City: _____ State: _____ ZIP _____

How long have you lived at the current address? _____ Years _____ Months

Past Addresses: _____ How Long? _____ Years

Past Addresses: _____ How Long? _____ Years

Please include applicable city, state, province or territory.

Phone: County Code:: _____ Area Code: _____ # _____

Date of Birth: _____ Social Security Number (SSN) _____

Drivers License Province or State: _____ Number: _____

PROSPECTIVE EMPLOYER: _____

PERSON REQUESTING REPORTS (PRINT) _____ SIGN _____ DATE _____

Applicants Signature _____ Date _____