



**BACKGROUND SCREENING
NOTIFICATION & AUTHORIZATION FORM**

The purpose of this form is to notify you that a consumer report and/or criminal background check will be run in the course of consideration of employment or volunteering for one of our organizations.

Name of Organization <i>(at what organization you will be working or volunteering?)</i>				
Applicant Information <i>(Complete the following information as accurately as possible. Please Print or Type)</i>				
First Name		Middle Name	Last Name	
Date of Birth		Previous Names <i>(maiden/marriage, etc.)</i> Date Changed:		
Driver's License Number	State of Issue	Date Changed:		
Address History <i>(Include 7 years of History)</i>				
Address #1				
Date From:		Date To:		
Street Address			City	State Zip
Address #2				
Date From:		Date To:		
Street Address			City	State Zip
Address #3				
Date From:		Date To:		
Street Address			City	State Zip

BACKGROUND SCREENING AUTHORIZATION

As part of the employment screening process, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting this information.

I specifically authorize a consumer credit report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

Applicant Signature: _____ **Date:** _____