



Employee/Applicant
Release Authorization Form

This form shall serve as notice that an investigative consumer report may be conducted to provide information pertaining to the character, education, driving record, criminal record, past employment history and or work performance, and habits of employee/applicant.

I hereby give authorization to have the above information obtained from previous employer(s), reference given, information services bureaus, learning institutions, law enforcement agencies, and other information sources as applicable to provide the above mentioned reports or information.

I understand that any information obtained as confidential and will be used only for the purpose in which it was intended. I hereby release the employer and agents, entities, and all persons providing information about me of any liability as a result of the requested information.

Employee/Applicant please provide the following requested information.

Employee/Applicant Name Last First Middle

Maiden Name or other names used

Sex: ☐ Male ☐ Female

Nationality: ☐ Asian ☐ African American ☐ American Indian ☐ Hispanic

☐ Caucasian ☐ Other (Please Specify)

Address

City State Zip Code

Social Security Number

Date of Birth

Driver's License Number

Please provide a copy of photo ID. Is applicant supplying copy of photo ID? Yes ☐ No ☐

Signature Date

NOTARY WHERE APPLICABLE

SUBSCRIBE AND SWORN BEFORE ME:

Name

Notary Public

Date

My Commission Expires (Date)

