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Disclosure and Authorization Form

PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

AUTHORIZATION

I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, college, university, or other institution of learning, administrator, law enforcement agency, state agency, federal agency, finance bureau/office, credit bureau, collection agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records of information they may have concerning my worker's compensation claims, criminal history, motor vehicle history, earnings history, credit history, health, character, and employment records or any other information requested. I voluntarily and knowingly unconditionally release any name or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be valid as the original.

According to the **FAIR CREDIT REPORTING ACT**, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. I will be so advised and be given the name of the agency or source of information.

I also certify that all information provided below is correct to the best of my knowledge. Any false statements provided in this form will be considered just cause for the termination of employment at any time.

Applicant's Name:							
(Please Print)	First		M.I.		Last		
Previous or Maide	n Name (If application						
(Please Print)		Fir	st	M.I.		Last	
Date of Birth*:	mm/	dd /	уууу				
Social Security Nu	mber*:						
Driver's License N	umber:			State:			
Current Address:							
-	Street Address						
-	City			State		Zip	
Length of Residency: Total Years: from:			to	o:			
Signature:				Date:	mm/	dd / yv	

*This information will only be used for background screening purposes.