

**BACKGROUND INVESTIGATION AUTHORIZATION**

APPLICANT NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 DRIVER LICENSE # \_\_\_\_\_ DRIVER LICENSE STATE \_\_\_\_\_  
 PROFESSIONAL LICENSE # \_\_\_\_\_ TYPE / STATE \_\_\_\_\_

Please list address for past five years. Attach additional pages, if needed.

	Street Address	City	State	Zip Code	County	Dates
1						
2						
3						
4						
5						

**INFORMED CONSENT AND RELEASE OF LIABILITY**

I understand that in connection with my application for employment and, if hired, during my employment, a consumer report may be requested for employment purposes. All inquiries will be handled in compliance with applicable law including provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et seq. I understand that the employment decision and my continued employment will be subject to the results of these inquiries. The report may include, but is not limited to, the following areas:

Verification of social security number; current/previous residences; employment history; education including transcripts; character references; credit history and reports when applicable; criminal records from any criminal justice agency in any/all federal, state, county, jurisdictions; motor vehicle records; and any other public records or to conduct interviews with third parties relative to my character, general reputation, or personal characteristics.

I hereby waive any and all written notice of disclosure that may be required by applicable local, state, or federal laws of my past and/or present employer(s), individuals, or institutions. In exchange for the consideration of my employment application by Fortune Business Solutions, I hereby release and forever discharge, without reservation, Fortune Business Solutions (including its directors, officers, employees, its agents, contractors, and subcontractors) and my past and/or present employers (their directors, officers, employees, and agents) from any liabilities that may result from an investigation of my past and/or present employment or from the disclosure of any information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this document will be valid as original.

**THIS INFORMED CONSENT AND RELEASE PROVIDES THAT YOU KNOWINGLY AND VOLUNTARILY AGREE TO RELEASE CERTAIN PERSONAL RIGHTS. IT MAY BE ADVISABLE FOR YOU TO SEEK LEGAL COUNSEL PRIOR TO ENTERING INTO THIS AGREEMENT.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**FOR EMPLOYER USE ONLY**

**POSITION APPLIED FOR** \_\_\_\_\_

*Job Related Background Requirements:*

\_\_\_\_\_ Credit \_\_\_\_\_ Statewide Criminal \_\_\_\_\_ County Criminal \_\_\_\_\_ MVR  
 \_\_\_\_\_ References \_\_\_\_\_ Worker's Compensation \_\_\_\_\_ Education