
BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM FOR CONSUMER REPORTS

Last Name _____ First Name _____ Middle Name _____

Soc. Sec. # _____ Driver Lic # (MVR Only) _____ State Issue _____

Date of Birth _____ Maiden and all other names used _____

Email Address _____

Present Address _____ City _____ State _____ Zip _____ County _____

Length at present address _____ (If less than 7 years please provide previous addresses)

Prior Address _____ City _____ State _____ Zip _____ County _____

Prior Address _____ City _____ State _____ Zip _____ County _____

In connection with my application for employment (including contract or volunteer services) with "Company" I understand that you "Company" will request consumer reports on me. These reports may include information regarding my prior employment, criminal, civil, credit, driving, workers compensation, drug and alcohol testing information, and educational history. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies that maintain such records.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period, or volunteer service.

AUTHORIZATION

I hereby authorize the release to Blueline Services, an independent background screening agency, any information regarding my prior employment, criminal, civil, credit, driving, workers compensation, drug and alcohol testing information, and educational history. I understand the information may be reviewed initially and periodically during the course of my employment for future screening for retention, promotion, or reassignment.

I understand that my background may be used to determine my eligibility for employment, and I agree that falsification may make me ineligible for employment or subject to dismissal, if hired. I further acknowledge that Blueline Services is relying on third party information.

I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original.

Applicant Signature _____ **Date** _____

EMPLOYER INFORMATION "COMPANY"

COMPANY NAME: _____

CONTACT PERSON: _____

PHONE #: _____

EMAIL: _____