

REQUEST FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT...FILL IN COMPLETELY

Last Name	First Name	M I	Date of Birth:	Social Security Number:
Other NAME(S) used:	email address:	Driver's License ID Number:		
	Home Telephone #:	# _____		
		State: _____		

Home Addresses for the last 7 years (LIST MOST RECENT FIRST- USE SEPARATE SHEET IF NECESSARY)

Address	City	State	Zip	MO. YR. TO	MO. YR.

Employment History (LIST MOST RECENT FIRST)

FULL COMPANY NAME	JOB TITLE & DEPT.	SALARY	MO.YR. TO MO.YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#:
FULL COMPANY NAME	JOB TITLE & DEPT.	SALARY	MO.YR. TO MO.YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#:
FULL COMPANY NAME	JOB TITLE & DEPT.	SALARY	MO.YR. TO MO.YR.
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FULL COMPANY NAME	JOB TITLE & DEPT.	SALARY	MO.YR. TO MO.YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#:
FULL COMPANY NAME	JOB TITLE & DEPT.	SALARY	MO.YR. TO MO.YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING	TELEPHONE#:

EDUCATION

COMPLETE SCHOOL NAME:	ADDRESS	CITY	STATE	MAJOR	DATES OF ATTENDANCE	FROM	TO	DEGREE RECEIVED
COMPLETE SCHOOL NAME:	ADDRESS	CITY	STATE	MAJOR	DATES OF ATTENDANCE	FROM	TO	DEGREE RECEIVED

(FOR FIDELIFACTS USE ONLY)

ACCOUNT #:

DATE RECEIVED:

*This information will not be used for the purposes of discrimination. The Federal Age Discrimination in employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. The laws of many states prohibit discrimination on the basis of age.

DISCLOSURE/AUTHORIZATION FORM

By this document (COMPANY NAME) discloses to you that a consumer report may be obtained for employment purposes as part of our employment background screening process and at any time during your employment with our company.

This shall authorize the procurement of a consumer report by (COMPANY NAME) as part of the employment background screening process. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for (COMPANY NAME) to procure consumer reports at any time during my employment period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested

CA, MN, OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from Fidelifacts Metropolitan New York, Inc. If we do so and you wish Fidelifacts to send you a free copy of this consumer credit report, please check here: _____.

Applicant's Signature

Print Name

Date

BACKGROUND SCREENING AUTHORIZATION

I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this authorization has been filed, or their agent, Fidelifacts/Metropolitan New York, Inc. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Fair Credit Reporting Act. I authorize Fidelifacts/Metropolitan New York Inc to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency in Georgia. I authorize the National Personnel Records Center, St. Louis MO or other custodian of my military records to release to Fidelifacts/Metropolitan New York, Inc. information or photocopies of my military personnel and related records, or only the following information/records: _____

Service # _____ Branch of Service: _____ from _____ to _____

Applicant's Signature

Print Name

Date

Other Name(s) Used Social Security Number Date of Birth Driver ID Number State

Current Address City or Town State Zip Code

Previous Address City or Town State Zip Code

ORDER FORM

FIDELIFACTS

To: Fidelifacts/Metropolitan New York, Inc.
114 Old Country Rd., Suite 652 Tel: 212-425-1520 or 800-678-0007
Mineola, NY 11501 Fax: 212 248-5619
www.fidelifacts.com operations@fidelifacts.com

Date: _____

Account No: _____ Subject: _____

Date of Birth: ____/____/____ Soc. Sec. No: _____

We certify to Fidelifacts that the information requested will only be used for employment purposes and that written disclosure has been made to the applicant. Enclosed is an application with the signed authorization. Please conduct an investigation of the applicant as indicated below:

- CREDIT (personal credit history)
- SS # TRACE (provides list of addresses that may have been used)
- CRIMINAL CHECK STATEWIDE IN NY: _____ Covers entire state of NY, including 5-boroughs of NYC, plus Nassau and Suffolk Counties on Long Island.

CRIMINAL CHECKS IN OTHER STATES: () CURRENT address () CURRENT & PRIOR address as indicated below:

_____	_____	_____	_____
City/State	City/State	City/State	City/State

- 50 STATE CRIMINAL RECORD DATABASE**
(Available only in addition to normal criminal court record checks)
- USDOJ (United States Department of Justice Sex Offender Registry)
- DRIVER'S LICENSE CHECK State _____ ID# _____ ***
- EMPLOYMENT **DO NOT** check current job Check current job
Check Last two jobs Last three jobs ALL jobs on application
- EDUCATION High School College Graduate School

NAME WHILE USED WHILE IN SCHOOL: _____

Professional License Verification: Type _____ State _____

- FINRA / SEC / CFTC / NFA
- STATE PRISON SEARCH State: _____ FEDERAL PRISON SEARCH _____
- FEDERAL CRIMINAL RECORD SEARCH (in states listed on application)
- NATIONAL NEWSPAPER SEARCH
- NATIONAL APPELLATE COURT DATABASE SEARCH
- WANTS & WARRANTS

BUSINESS REFERENCES: _____

If there is an exact name/d.o.b match, we may have to check court records to make a positive identification and if so, extra charges will apply. *Rates for driving record checks vary due to state fees.

Requester: _____ Phone No. _____ FAX No. _____