

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.	MO.YR. TO MO.YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING
TELEPHONE#:		
FULL COMPANY NAME	JOB TITLE & DEPT.	MO.YR. TO MO.YR.
ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING
TELEPHONE#:		
FULL COMPANY NAME	JOB TITLE & DEPT.	MO.YR. TO MO.YR.
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ADDRESS, CITY, STATE	SUPERVISOR'S NAME	REASON FOR LEAVING
TELEPHONE#:		
FULL COMPANY NAME	JOB TITLE & DEPT.	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 _____ discloses to you that a consumer report may be obtained for
(COMPANY NAME)
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 _____ as part of the employment
(COMPANY NAME)
background screening process. If hired, this authorization shall remain on file and shall serve as an ongoing
authorization for _____ to procure consumer reports at any time during my employment period.
(COMPANY NAME)

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.

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