

AUTHORIZATION AND RELEASE FOR PRE-EMPLOYMENT BACKGROUND CHECK

APPLICANT INFORMATION:

Last Name _____ First Name _____ Middle _____

Maiden or AKA's _____

Date of Birth _____ Social Security Number _____

DL # _____ Sate _____ Expiration Date _____

RESIDENCES:

_____/_____
Current address City, State Zip Code How Long?

_____/_____
Previous address City, State Zip Code How Long?

EMPLOYMENT HISTORY:

_____/_____
Current Employer City, State Phone # Position held May we contact?

_____/_____
Previous Employer City, State Phone # Position held May we contact?

EDUCATION:

College or Institute City, State Dates attended Year graduated Degree obtained

I understand that, in connection with my application for employment, an investigative background inquiry will be performed and the information given by me will be used to obtain information on my character, education and experience. This inquiry is including, but not limited to, criminal records, civil records, driving record history, current and past employment, education including degrees received and other such reports that may exhibit information on my eligibility.

I hereby authorize Guardian Investigations and Document Services, Inc. and agents of GIDS to contact previous employers, educational institutes, credit bureaus, law enforcement agencies, government agencies and persons to supply any information concerning my background and to provide the above listed information. I release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization will be valid in original and fax/copy form.

I believe to the best of my knowledge that all of the information I have given is true and correct. I fully understand the terms of this release.

Printed Name _____

Applicant's signature _____ Date: _____