



# Authorization for Background Investigation

To Whom It May Concern:

I, \_\_\_\_\_, (Applicant/Employee) hereby authorize California Fingerprinting Authority (CFA) a Investigative Consumer Reporting Agency (ICRA) located at 27833 Ave Hopkins Suite 1A, Santa Clarita, CA 91355, 1-661-294-8325 and/or its agents to make an independent investigation of my background through an "Investigative Consumer Report" (ICR) which may include information about my character, general reputation, personal characteristics, motor vehicle record and mode of living in connection with an application of employment and, that if hired throughout the course of employment with \_\_\_\_\_. (Company) \_\_\_\_\_ (Please Initial)

This release and authorization acknowledges that the company may now, or anytime while I am employed, conduct a verification of my driving record, Federal, State, or Local court records, credit, workers compensation record, education, credentials, identity, past addresses, social security number, employment and personal references which may include personal interviews with your current and past employers, friends and associates and to verify any other information deemed necessary to fulfill the job requirements. \_\_\_\_\_ (Please Initial)

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish CFA with any and all information in their possession regarding me for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. \_\_\_\_\_ (Please Initial)

I understand and agree that a photocopy or facsimile of this authorization be accepted with the same authority as the original, and I specifically waive any written notice to any present or former employer for release of any information and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. \_\_\_\_\_ (Please Initial)

I do hereby agree to forever release and discharge the Company and CFA and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the IRC. \_\_\_\_\_ (Please Initial)

**The following is my true and complete legal name and all information is true and correct to the best of my knowledge:**

Print Full Name: \_\_\_\_\_

CFA may contact you if additional information is needed to expedite or process your Background Investigation. Please provide a telephone & mobile phone number plus an email address where we may contact you.

Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I acknowledge receipt of the **AUTHORIZATION FOR BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. **If you would like a copy of your report, please check here**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# Applicant Information Worksheet

## TO BE COMPLETED BY APPLICANT

The following information is required by law enforcement agencies and other entities for the purpose of positive identification when checking public records, educational and employment records. It will be used for no other purpose and is strictly confidential.

### Important-Please Print Clearly

Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

Other names you have used in the past (including maiden name, and nicknames) \_\_\_\_\_

Gender- MALE / FEMALE (please circle one)

### PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: \_\_\_\_\_  
Street City County State Zip Code From (Mo/Yr)-To(Mo/Yr)

Previous Address: \_\_\_\_\_  
Street City County State Zip Code From (Mo/Yr)-To(Mo/Yr)

Previous Address: \_\_\_\_\_  
Street City County State Zip Code From (Mo/Yr)-To(Mo/Yr)

Previous Address: \_\_\_\_\_  
Street City County State Zip Code From (Mo/Yr)-To(Mo/Yr)

### PLEASE PROVIDE ALL WORK ADDRESSES FOR THE PAST 7 YEARS

Current Address: \_\_\_\_\_  
Street City State Zip Code From (Mo/Yr)-To(Mo/Yr)

Previous Address: \_\_\_\_\_  
Street City State Zip Code From (Mo/Yr)-To(Mo/Yr)

Previous Address: \_\_\_\_\_  
Street City State Zip Code From (Mo/Yr)-To(Mo/Yr)

Previous Address: \_\_\_\_\_  
Street City State Zip Code From (Mo/Yr)-To(Mo/Yr)