

# Pre Employment Background Investigation Authorization Form

(Please print or type)

Applications are considered without regard to race, religion, sex, age, national origin, color, veteran or marital status, or the presence of a non job-related medical condition or handicap.

Date

Full Name (please print)

Other Names you have used, including maiden name and the date(s) your name(s) changed:

Current Address

City State Zip

List all your prior addresses in the past ten (10) years, starting with the most recent:

Street Address	City	State	Zip	From Mo./Yr.	To Mo./Yr.
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**Identifying Information.** The following information is necessary to validate your identity and will be held in strict confidence.

Social Security Number - - Date of Birth - -

Driver's License State Issued

Phone number where you can be reached if we have any questions regarding this form:

Daytime ( ) Evening ( )

Have you ever been convicted of a felony or misdemeanor (*Other than minor traffic offenses*)? Yes No

If yes, Please explain charges: (*Use an additional sheet of paper if necessary*)

What state, what county and what year did there convictions occur?

Please indicate any professional licenses you may have including type and jurisdiction of issuance:

This form continues on the second or reverse page.

**Education.**

Name & Location of School	Years Attended	Degree	Subject Studied
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*High School**College**Graduate, Post Graduate*

**Employment / Work Experience.** Please include military service assignments and relevant volunteer activities, excluding organization names that indicate race, color, religion, sex or national origin.

**Current Employer**

Date Month /Year	Name & Address of Employer	Salary	Position	Reason for Leaving
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Phone/Supervisor

**Please describe duties/responsibilities:****Former Employer.**

Date Month /Year	Name & Address of Employer	Salary	Position	Reason for Leaving
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Phone/Supervisor

**Please describe duties/responsibilities:****Former Employer.**

Date Month /Year	Name & Address of Employer	Salary	Position	Reason for Leaving
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Phone/Supervisor

Please describe any subjects of special studies, research work or special training you may have acquired:

I hereby authorize \_\_\_\_\_ to obtain a consumer credit report and/or investigation report on myself consisting of, but not limited to, employment verification, motor vehicle records, criminal record information, bad check and driver's license verification, professional license verification, academic verification and drug testing for the purpose of employment with the above mentioned company through Contemporary Information Corporation (CIC). I understand that such information may be derived in whole or in part from Experian, Equifax, Quest Diagnostics, American Driving Records, Contemporary Information Corporation, and/or other sources. I understand that this application is not and is not intended to be any kind of offer or agreement for employment. In the event of employment, I understand that any false or misleading information given in this application, interviews, correspondence or discussions, may result in immediate termination.

Print Name:

Signature:

Date: