REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I:						
Last Name	First Name		Middle Name	(Please	include Jr., Sr.,	II, III, Etc.)
an outside ager employment incl qualifications. T	in conjunction with my ney to research and uding my personal bhis agency will providensumer-reporting agentsumer-reporting agentications.	verify the ackground, de a report	information character, to the emp	I have pro professiona ployer. The	vided on m I standing, v employer u	y application fo work history and ses <i>People Firs</i> i
limited to: cred records, criminal professional and	/Intellius will utilize var it reporting agencies, conviction records, co personal references. rmation including but	Workers Current and for I request, a	Compensation ormer emplorations outhorize an	on records, oyers, militand d consent to	Department ry records, e the release	of Motor Vehicle ducation records and disclosure o
that it may contain and general reput date indicated new employer if employer if employer if employer in the nature and requesting a copulatellius, 500 108. Law enforcement information when	ze and consent to the in information about mutation. The authorization ext to my signature. Aboyment is denied because the substance of all informy of the report, proper Ave, Suite 1660, Belot agencies and other checking public records appropriate and agents and agents and agents and agents and agents and agents and agents.	y backgrou tion in origi according to ause of infor ted within 60 mation prover identification levue, WA entities for ds. It is con	nd, mode of nal or copy the Fair Cromation obta 0 days, I will vided to the on will be repaided, phore positive ide fidential and	f living, chara form, shall be edit Reporting in the given a femployer. I be guired and he: 877-974- entification per will not be used to the given and he: 877-974-	acter, person be valid for cong Act, I will I Consumer Refull and accu- further under I should direction urposes requised for any	al characteristics one year from the be notified by the deporting Agency rate disclosure as estand that when ct my request to uire the following other purposes.
providing informa	e employer and agent ation or reports about the above mentioned i	me from a	ny and all			
Signed				Today's Date)	
Printed Name				Position App	lied For & Busin	ess Unit Name
Social Security Numb	er Date of Birth	_/		Driver's Licer	nse Number	State
Other names you	have used or are also	known as:				
PLEA	ASE PROVIDE ALL RE	ESIDENTAL	. ADDRESS	SES FOR TH	E PAST 7 YI	EARS
Current Address:	Street	Apt. #	City	State	Zip Code	How long here?
Former Address:						
	Street	Apt. #	City	State	Zip Code	How long here?
Former Address:	Street	Apt. #	City	State	Zip Code	How long here?
Former Address:	Street	Apt. #	City	State	Zip Code	How long here?
May we contact y	our current employer?	\	'es	_No		