

AUTHORIZATION FOR BACKGROUND INVESTIGATION

By signing below you authorize the obtaining of investigative consumer reports by the Company at any time after receipt of this authorization. To this end, you authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested about you by National Crime Search, LLC and/or the Company.

You understand that the scope of your authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing*.

Print Full Legal Name:	
Other or Former Names (please print):	
Date of Birth**:	
Social Security Number:	
Address:	
City:	
County:	
State:	
Zip Code:	
Driver's License number:	
State License issued:	
Name on License (if different than legal name):	
Email Address:	
Phone Number:	
Signature:	
Parent/Guardian signature ***:	
Date:	

***To perform a GA Statewide search, the GCIC requires the applicant to have signed the authorization form. The signed form is valid until the end of employment.**

****This information will be used for background screening purposes only and no other purpose.**

*****If the applicant is under 18 years old, both the applicant and a parent/guardian must sign the form.**