



BACKGROUND INQUIRY AUTHORIZATION

In connection with my employment placement by _____ I understand that investigative inquiries are to be made on myself as to my work habits, performance and experience. Further, I understand that **D.C.I.** acting on behalf of _____ will be requesting information from various federal, state and other agencies which maintain records concerning my past activities, including but not limited to criminal history, workers compensation, consumer credit report, investigative consumer report, driver history for the purposes of insurability and/or vehicle assignment, employment and education verification. I further understand that these requests may be made at any time during the course of my employment.

I authorize, without reservation, any party/agency contacted by **D.C.I.** to furnish the above-mentioned information, and I consent to _____ receiving the above information from **D.C.I.** and/or any of its licensed agents. I also release _____, **D.C.I.** and/or its agents from any claims or liability resulting from the reporting of this background information. I agree that a copy of this authorization release is as valid as the original.

NAME:

First _____ Middle _____ Last _____

Other name(s) used: _____ DOB: _____

Soc.Sec.# _____ / _____ / _____ Race: _____ Sex: _____

DL# _____ State: _____

Current Address: _____

City _____ State _____ Zip _____ How long: _____

Prior Address (1): _____

City _____ State _____ Zip _____ How long _____

Prior Address (2): _____

City _____ State _____ Zip _____ How long _____

Applicant's Signature: _____ Date _____