

# CONSUMER AUTHORIZATION FORM

## READ CAREFULLY BEFORE SIGNING

In connection with your application for employment, understand that consumer reports or investigative consumer reports which may contain public record information may be requested in regards to you which could include criminal records, driving records, education, prior employer verification, employment credit, workers compensation claims and others. These reports could include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities could be requested.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer and/or its selected agent, Peoplefacs to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports for the duration of your employment with this company. You also agree that a fax or photocopy of this authorization with your signature (electronic or wet) shall be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any employer, school, police department, division of motor vehicles, consumer reporting agencies, government agency or other persons or agencies having knowledge about you to furnish Peoplefacs and/or its agents with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

You in turn authorize Peoplefacs to return report results to your employer or potential employer who has procured the employment screening services of Peoplefacs.

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Printed name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ License State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Professional License Type (if applicable): \_\_\_\_\_

Professional License #: \_\_\_\_\_ Professional License State: \_\_\_\_\_

*The following is for identification purposes only to perform the background check:*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender (M or F): \_\_\_\_\_ Race: \_\_\_\_\_

Other or Former Names (maiden, AKA, etc.): \_\_\_\_\_

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

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**COMPLETE BELOW ONLY IF THE APPLICANT HAS LIVED IN ANY OF THE FOLLOWING STATES:**

**Alaska or Pennsylvania**

I, \_\_\_\_\_, authorize the State of \_\_\_\_\_ **Alaska** \_\_\_\_\_ **Pennsylvania** to release my driving record to Peoplefacs, Inc. and /or its agent.

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