REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

Felephone:						
From Company Name: Contact Name:						
Street	Apt#	City	State	Zip	How Long Here?	
Former:						
Former: Street	Apt#	City	State	Zip	How Long Here?	
Street	Apt#	City	State	Zip	How Long Here?	
Current:						
-			AL ADDRESSES FO)R THE PA	ST 7 YEARS	
Other names you hav	ve used or are	known as:				
//Social Security No.	/ Da	te of Birth	Driver's Licens	se No.	State	
Printed Name			Position Applie	d For		
Signed			Dated			
CA. 90028	u unect my r	equest to: mover vie	ew myesugations, 155	1 Cassii Piaco	e, Lus Augeles,	
	. I further un	derstand that when	nd substance of all info requesting a copy of the w Investigations, 155	ne report, pro	oper identification will be	
because of information	on obtained f	rom said Informatio	n Provider. Upon writ	ten request v	if employment is denied within 60 days, I will be	
authorization, in orig	inal or copy	form, shall be valid		date indicate	ed next to my signature.	
					rt, and understand that it	
			gations's affiliates, and ability resulting from t		or unnamed corporation, conformation about me.	
	and Hover V	/iew Investigations.	formation, including, I I unconditionally rele	ease and hold	d harmless	
former employers, m	ilitary record	s, school records, pr	rofessional and person	al references	s. I request, authorize and	
			s of information it dee ng agencies, criminal of		ate, including, but not limited	
agent to perform bac	kground veri	fications.	·	<u> </u>	er view investigations as a	
ncluding my person	al backgroun	d, character, profess	ional standing, work h	nistory and q		
					will use the service cation for employment,	

RELEASE FORM FOR CONSUMER REPORTS

From:			
-			

Telephone: ______ Fax: _____

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative reports which may contain public record information, may be requested or made on me, including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims, and others. These reports will include experience, along with reasons for termination of past employment. Further, I understand that you will be requesting information from various federal, state, local, and other agencies, which contain my past activities.

I hereby authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Print Name:		
Address:		
City:	State:	Zip:
Other counties you have lived in the p	ast 10 years:	
County:	State	2:
County:	State	2:
For Identification Purposes Only:		
Driver's License No.:	State	e Issued:
Social Security No.:	Race:	Gender:
Date of Birth: Month:	Day:	Year:
Professional License: State:	Type:	
Signature:	Da	te:

Please email this form to info@hvinvestigations.com

Telephone: (855) 951-4433