REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

Telephone:			Fax:		
Company Name: Contact Name:					
Street	Apt#	City	State	Zip	How Long Here?
Former:	1 i ptii		Sinc		now Bong Hote.
Former: Street	Apt#	City	State	Zip	How Long Here?
Current: Street	Apt#	City	State	Zip	How Long Here?
		ADD RESIDENT	IIII ADDRESSES IV	OK HIETA	SI I LAND
			TAL ADDRESSES FO	OR THE DA	ST 7 VEARS
Other names you have			Ellist 5 Electi	· - · • ·	Saice
Social Security No.	/		Driver's License No.		 State
Printed Name			Position Applie	ed For	
igned			Dated		
equired, and I shoule CA. 90028	a direct my re	equest to: Hover V	iew Investigations, 155	1 Cassil Place	e, Los Angeles,
·	I further un	derstand that when		he report, pro	oper identification will be
ecause of information	on obtained f	rom said Informati	on Provider. Upon wri	tten request v	if employment is denied within 60 days, I will be
nay contain informa	tion about my	y background, mod	de of living, character a	ınd personal r	
		·			t, and understand that it
	estigations. l	Hover View Invest		d any named	or unnamed corporation, comp
	e and disclosu	ire of any and all in	nformation, including, s. I unconditionally re	but not limite	ed to, the above to
Department of Motor	r Vehicles red	cords, credit report	ing agencies, criminal	conviction re	
			as of information it does	oma annronria	ate, including, but not limited t
	a report to	<u>-</u>			er View Investigations as an
of an outside agency	to research a	nd verify the infor		l on my appli	will use the service cation for employment,

RELEASE FORM FOR CONSUMER REPORTS

From:						
Telephone:	Fax:					
reports or investigative reports which including consumer credit, criminal re compensation claims, and others. The	may contain public record info ecords, driving record, educatio ese reports will include experier and that you will be requesting in	ct for services), I understand that consumer rmation, may be requested or made on me, n, prior employer verification, workers' ace, along with reasons for termination of aformation from various federal, state, local,				
I hereby authorize, without reservation mentioned information.	on, any party or agency contract	ed by this employer to furnish the above				
I further authorize ongoing procureme contract).	ent of the above-mentioned rep	orts at any time during my employment (or				
Print Name:						
Maiden Name or AKA:						
Address:						
City:	State:	Zip:				
Other counties you have lived in the p	past 10 years:					
County:	State:					
County:	State:					
For Identification Purposes Only:						
Driver's License No.:	State Issued:					
Social Security No.:	Race:	Gender:				
Date of Birth: Month:	Day:	Year:				
Professional License: State:	Type:					
Signature:	Date:					

Please email this form to info@hvinvestigations.com

Telephone: (855) 951-4433