



## BACKGROUND CHECK RELEASE FORM

PER FCRA: 1) Signing this authorizes a background investigation. 2) You may not be hired based on our report. 3) You will be told if that is the employer's intent. and are entitled to a free copy. 4) You'll have time (usually 5 days) to dispute items prior to official turndown.

LAST NAME	FIRST	MIDDLE	SOC.SEC#
PRESENT ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____			
PRIOR ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____			
NOTE: Year of birth used for identification only			
OTHER PRIOR County(ies): _____ ST _____ ST _____ CITY _____ ST _____ FULL D.O.B.: ____/____/____/			
DRIVER LICENSE #		STATE: MAIDEN/OTHER NAMES USED	

LIST ALL CONVICTIONS INCLUDING TRAFFIC (Indicate "M" for misdemeanor or "F" for felony.)					
YR.	NATURE OF OFFENSE	RESOLUTION	WHERE(CITY/ST COUNTY)	M or F	OTHERS:

NOTE: USE REVERSE SIDE IF MORE ROOM NEEDED.

I hereby authorize the release to Background Bureau, Inc., (BBI) an independent pre-employment screening agency, of any information held by any parties regarding my prior employment, criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by BBI and reported to my prospective/actual employer.

I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. Ifurther acknowledge that BBI is relying on third party information and I therefore release BBI, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired, I understand I do have certain rights under FCRA laws.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

COVER SHEET (EMPLOYERS) Circle or check desired research . Fax:(859) 781-5888call: (800) 854-3990 or (859) 781-3400 <a href="mailto:bbi@one.net">bbi@one.net</a>			
CLIENT	Att'n:	Ph:	: Return via:
<input type="checkbox"/> COUNTY OF RESIDENCE <input type="checkbox"/> ALL PRIOR COUNTIES <input type="checkbox"/> MULTISTATE DATABASE <input type="checkbox"/> FEDERAL COURT SEARCH	<input type="checkbox"/> IDENTICHECK <input type="checkbox"/> IDENTITRACE <input type="checkbox"/> CREDIT <input type="checkbox"/> MVR <input type="checkbox"/> EDUCATION/LICENSE/DEGREE	PRIOR EMPLOYMENT <input type="checkbox"/> INVESTIGATE <input type="checkbox"/> VERIFY. <input type="checkbox"/> W. COMP	<input type="checkbox"/> PERSONAL/PROFESS. REFS. <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> PATRIOT <input type="checkbox"/> CIVIL COURT <input type="checkbox"/> OTHER