

A-Check America, Inc. P.O. Box 5615 Riverside, CA 92517 USA

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Authorization for Background Investigation

File # (online users only):	
To Whom It May Concern:	
I,, hereby authorize A-independent investigation of my background, which may in characteristics, and mode of living in connection with an app	iclude my character, general reputation, personal
The Scope of the report may include information concer records, credit, workers' compensation record, educatio security number, previous employment and personal referen	n, credentials, identity, past addresses, social
I authorize and request any present or former employer, s of motor vehicles, credit bureaus, school, police departme both public and private organizations, financial institution of me to furnish A-Check America, Inc. with any and all inforpurpose of confirming the information contained on my App may be material to my qualifications for employment. I am accepted with the same authority as the original, and I present or former employer who may provide information b	int, court records, including those maintained by r other persons having personal knowledge about rmation in their possession regarding me for the plication and/or obtaining other information which willing that a photocopy of this authorization be specifically waive any written notice from any
The following is my true and complete legal name and all knowledge:	
Print Full Name:	
Print Maiden Name or Other Names Used:	
Present Address:	
City:State:	Zip Code:
Date of Birth (for I.D. purposes only)://	_
Social Security Number:	
Driver's License Number:	State of Issue:
A-Check America will need to contact you if additional information. Please provide a telephone/cell phone number	
Phone: ()C	Cell: ()
Email Address:	
Signature:	Date://
<u>California, Minnesota and Oklaho</u> If a consumer background report is ordered, would you like a s	
YES □	NO □
Signature:	Date:/