

**REQUEST, AUTHORIZATION, CONSENT AND RELEASE  
FOR BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME  
(PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, \_\_\_\_\_ (employer name) may use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to \_\_\_\_\_ (employer name). \_\_\_\_\_ (employer name) will use Professional Background Services, Inc., a consumer-reporting agency, as an agent to perform its employment related background investigations.

Above named consumer reporting agency, Professional Background Services, Inc., may utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers Compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to \_\_\_\_\_ (employer name), and Professional Background Services, Inc.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by \_\_\_\_\_ (employer name) if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to \_\_\_\_\_ (employer name). I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request to: 612 Smithfield Road Suite 18, North Providence, RI 02904.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE \_\_\_\_\_ (employer name) AND ITS AGENTS, Professional Background Services, Inc. AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

\_\_\_\_\_  
Signed Today's Date

\_\_\_\_\_  
Printed Name Position Applied For

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Date of Birth Driver's License # State

Other names you have used or are also known as:

\_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Current Address: \_\_\_\_\_  
Street Apt.# City State Zip

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip