



# reference

# C H E C K I N G

## Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last) \_\_\_\_\_ MAIDEN NAME or ALIAS (First, Middle (full), Last) \_\_\_\_\_

CURRENT STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ HOW LONG? \_\_\_\_\_

FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ HOW LONG? \_\_\_\_\_

SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ HOW LONG? \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE # AND STATE ISSUED \_\_\_\_\_ MALE / FEMALE (circle one) \_\_\_\_\_

### WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

*California, Minnesota and Oklahoma residents only:*

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.  Yes  No

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### For office use only

**Fax to 1-919-876-6272**

COMPANY NAME \_\_\_\_\_ REQUESTOR \_\_\_\_\_

- Criminal Record     Credit Report     Motor Vehicle Record     Social Sec. No. Trace     OIG     Federal Record

*For Georgia criminal searches only: (must check one)*

- Employment with Mentally Disabled (Purpose Code M)  
 Employment with Elder Care (Purpose Code N)  
 Employment with Children (Purpose Code W)  
 None Apply

CRIMINAL (where) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

EMPLOYMENT 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

PROFESSIONAL LICENSE VERIFICATION \_\_\_\_\_ EDUCATION VERIFICATION \_\_\_\_\_

