

Checkpast Background Research Application and Release

Last Name

First Name

Middle Name

Former Name, Alias, or Maiden Name

Email Address

Drivers License Number

State

Date of Birth

Social Security #

Circle Highest Education Completed 

GED

High School

College

Other

School Name _____ City _____ State _____

Please list your previous home addresses for the last five years with the most recent first:

Address

City

State

Zip

From

To

1) _____

2) _____

3) _____

4) _____

5) _____

PLEASE READ THE FOLLOWING STATEMENT AND INDICATE YOUR AGREEMENT BY SIGNING BELOW:

I hereby consent to have an investigation made relating to statements made on your application and questionnaire, and consent to have such information as may be received reported to Checkpast LLC. I also agree to give any further information which may be required in reference to my past record. I also authorize and request every person, firm, credit bureau, company, corporation, governmental agency, court, financial institutions, employer, police department, motor vehicle department, licensing agency, schools, colleges, universities, and any other association or institution having control of any documents, records and other information pertaining to me, to furnish to Checkpast LLC, or its designated agents any such information, background reviews, driving records, employment records, including documents, records, files containing charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit Checkpast LLC, or its agents to inspect and make copies of such documents, records and other information. I further authorize Checkpast LLC to furnish interested employer(s) and their authorized agents a report relating to statements I made in this application.

Except as otherwise prohibited by law, I hereby release, waive, discharge, exonerate and agree not to sue Checkpast LLC, its agents, representatives, employees, independent contractors, officers, directors, and shareholders from and for any all claims, damages, losses, liabilities, rights expenses, demands, causes of actions of any nature whatsoever arising out of or related to whether such information, documents or records are provided directly to Checkpast LLC, its agents by me or obtained independently by Checkpast LLC, or its agents on my behalf.

I also acknowledge that the information contained in this application and all information subsequently obtained through the use of this Authorization and Release is the property of Checkpast LLC. I hereby represent that the information given on this application is true and complete to the best of my knowledge.

I understand I have the right to inspect visually the files concerning me maintained by an investigative consumer investigative reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification. I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

For California Applicants Only:

I have the right to request a copy of my consumer investigative report from Checkpast, LLC by checking the box below. The consumer investigative report will be mailed directly to me by Checkpast, LLC.

☐ I wish to receive a copy of the consumer investigative report.

(Check only if you wish to receive a copy.)

Candidate's Signature

Date