



Background Checks Systems, Inc.

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FCRA Generic template forms

Below are samples of an Authorization for Release of Information for Employment Purposes that is required by the Fair Credit Reporting Act and must be signed by all prospective employees prior to the End-User performing any background checks.

The End-User has permission to adopt this form or may utilize one of their own provided it meets all the criteria as established by the Fair Credit Reporting Act.

Employer Name

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby authorize Background Checks Systems, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Background Checks Systems, Inc., and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below, I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name (Print) _____
First Middle (full name) Last Maiden
Print All Former Names Used: (1) _____
(2) _____

Social Security Number: _____ Sex: _____ Race: _____ D/O/B: _____
Current Street Address: _____ City: _____ State: _____ Zip: _____
Drivers License Number: _____ State of Issuance: _____
May We contact Your Employers: _____ May We contact Your Supervisors: _____
Comments: _____
Signature: _____ Date: _____
Print Residences in the previous 10 years (City & State)
City: _____ State: _____
City: _____ State: _____
City: _____ State: _____

Using the numbers below, please indicate whether you have been convicted of any crimes listed below: 1. Homicide/Murder 6. Destruction of Property 11. Fraud 2. Rape or Molestation 7. Drug Trafficking/Use or Possession 12. Prostitution 3. Burglary/Robbery/Larceny 8. Child Abuse/Domestic Violence 13. Other 4. Threats of Harassment 9. Public Intoxication/Drunk & Disorderly Conduct 5. Assault or Fighting 10. Theft/Receiving Stolen Goods Number of Violation (s) _____
Status/Disposition _____

Applicant Signature: _____

Date: _____

FCRA APPROVED EMPLOYMENT SCREENING FORM # 2

Authorization for Release of Information

Background Verification Disclosure

As part of the employment process, Background Checks Systems, Inc. hereby known as "The Company", may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize _____, on behalf of The Company to procure a Consumer Report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

_____ Applicant's Signature and Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is

confidential and will not be used for any other purpose.

Please Print Clearly:

Print Full Name:_____ Sex: Male () Female ()

Print other names you have used:_____ Dates used:_____

Address (Street, City, State, Zip Code)_____

Current Driver's License Number: _____ Issuing State: _____

Other Driver's License Number: _____ Issuing State: _____

CREDIT DECLINATION LETTER:

Below is a Sample Declination Letter that is required to be sent to any applicant that is denied credit as a result of an adverse Consumer Report.

You have permission to adopt this form or may utilize one of your own provided it meets all the criteria as established by the Fair Credit Reporting Act.

DATE____/____/____

Applicant's Name Address City, State, Zip Code

Dear_____

Thank you for your application. We regret that we are unable to extend credit to you at this time.

In reviewing your application we received information from the Consumer Reporting Agency listed below. The Consumer Reporting Agency's role was to provide us with character background related information about you. Therefore, they will be unable to supply the reasons why credit was not extended to you. You have the right to request a copy of your consumer report free of charge, within sixty (60) days from the date you receive this letter. You also have the right to dispute the accuracy or completeness of any item on your consumer report.

For your convenience, the Consumer Reporting Agency's address is listed below. You may contact the agency by mail or by telephone. If you contact the agency by mail, please include your full name, current address, social security number, date of birth and a copy of this letter.

AFFILIATE AGENCY NAME ADDRESS CITY, STATE, ZIP TELEPHONE

Although we are unable to consider your application for credit at this time, thank you for applying with us.

RENTAL DECLINATION LETTER:

Below is a Sample Declination Letter that is required to be sent to any applicant that is denied housing as a result of an adverse Consumer Report.

The End-User has permission to adopt this form or may utilize one of their own provided it meets all the criteria as established by the Fair Credit Reporting Act.

SAMPLE DECLINATION LETTER

DATE_____/_____/_____

Applicant's Name Address City, State, Zip Code

Dear_____

Thank you for your application. We regret that we are unable to offer an apartment to you at this time.

In reviewing your application we received information from the Consumer Reporting Agency listed below. The Consumer Reporting Agency's role was to provide us with character background related information about you. Therefore, they will be unable to supply the reasons why an apartment can not be offered to you. You have the right to request a copy of your consumer report free of charge, within sixty (60) days from the date you receive this letter. You also have the right to dispute the accuracy or completeness of any item on your consumer report.

For your convenience, the Consumer Reporting Agency's address is listed below. You may contact the agency by mail or by telephone. If you contact the agency by mail, please include your full name, current address, social security number, date of birth and a copy of this letter.

AFFILIATE AGENCY NAME ADDRESS CITY, STATE, ZIP TELEPHONE

Although we are unable to consider your application for an apartment at this time, thank you for applying with us.