A.N. INVESTIGATIONS

A PROFESSIONAL INVESTIGATIVE AGENCY

Business: 760-949-9854
Fax: 760-948-1974
License: PI 25673
www.aninvestigations.net

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

I, _____
Last Name First Name Middle Name

Understand that in conjunction with my application for employment, _____
Will use the service 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. Said The agency will provide a report to _____.
_____ uses A.N. Investigations, PI as an agency to perform background verifications.

A.N. Investigations, PI will utilize various sources of information it deems appropriate, including, but not limited to, Department of Motor Vehicles records, credit reporting agencies, criminal conviction records, current and former employers, military records, schools 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 _____ and A.N. Investigations, PI, I unconditionally release and hold harmless _____ and A.N. Investigations, PI, A.N. Investigations PI's affiliates, and any named or unnamed corporation, company, custodian or records, or informant from any and all liability resulting from furnishing information about me.

I request, authorized and consent to the procurement of an Investigative Consumer Report, and understand that it may contain information about my background, mode of living, character and personal 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 _____
If employment is denied because of information obtained from said Information Provider. Upon written request within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to _____. I further understand that when requesting a copy of the report, proper identification will be required, and I should direct my request to A.N. Investigations, PI 25673.

_____	_____
Signed	Date
_____	_____
Printed Name	Position Applied for
_____	_____
Social Security No.	Driver's License No.

Other names you have used or are known as: _____

Please provide all residential addresses for the past 7 years.

Current: _____
Street Apt. City State Zip How Long Here

Former: _____
Street Apt. City State Zip How Long Here

Former: _____
Street Apt. City State Zip How Long Here

Company Name: _____ Contact Name: _____

Telephone: _____ Fax: _____

Please fax this form to Fax: 760-948-1974 Business: 760-949-9854

A.N. INVESTIGATIONS
A PROFESSIONAL INVESTIGATIVE AGENCY

Business: 760-949-9854
Fax: 760-948-1974
License: PI 25673
www.aninvestigations.net

RELEASE FORM FOR CONSUMER REPORT

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative reports which may contain public record information, may be requested or made on me, including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims, and others. These reports will include experience, along with reasons for termination of past employment. Further, I understand that you will be requesting information from various federal, state, local and other agencies, which contain my past activities.

I hereby authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment or contract.

Print Name: _____ Maiden Name or AKA: _____

Address: _____
City State Zip

Other counties you have lived in the past 10 years

_____
County State

_____
County State

For Identification Purpose Only

Driver's License No.: _____ State Issued: _____

Social Security No.: _____ Race: _____ Gender: ____

Date of Birth: Month: _____ Day: _____ Year: _____

Professional License: State: _____ Type: _____

Signature: _____ Date: _____

Please fax this form to Fax: 760-948-1974 Business: 760-949-9854