A.N. INVESTIGATIONS

A Professional Investigative Agency

EMPLOYER COMPLETE THE FOLLOWING **ORDER FORM**

_____ _____

Requester Name Company Name

_____

Address City State Zip

_____

Telephone Fax

DELIVER MY REPORTS VIA: ☐ FAX ☐ MAIL ☐ VERBAL ☐ EMAIL

☐ SOCIAL SECURITY VERIFICATION ☐ DRIVING RECORD ☐ MOTOR VEHICLE REGISTRATION
☐ CIVIL ☐ MUNICIPAL ☐ SUPERIOR ☐ FEDERAL
☐ CRIMINAL RECORDS ☐ MUNICIPAL ☐ SUPERIOR ☐ FEDERAL
☐ CREDIT ☐ BANKRUPTCIES, TAX LIENS, JUDGEMENTS County(s) _____

☐ VERIFICATIONS
☐ EMPLOYMENT VERIFICATION # of Employees _____ ☐ EMPLOYMENT REFERENCES # of Employees _____
☐ EDUCATION/ACADEMIC VERIFICATION (School Institution) _____
☐ PROFESSIONAL LICENSE Type: _____ ☐ MILITARY SERVICE VERIFICATION

☐ PERSONAL REFERENCES # _____ ☐ FICTITIOUS BUSINESS NAME SEARCH County(s) _____
☐ STATE BOARD OF EQUALIZATION ☐ BUSINESS CREDIT REPORT ☐ OSHA
☐ UCC FILINGS ☐ CORPORATE RECORDS SEARCH ☐ OTHER -_____

APPLICANT COMPLETE THE FOLLOWING **RELEASE AUTHORIZATION**

I In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed, you may be requesting information from public and private sources about my worker's compensation inquires, driving record, court record, education, credentials, credit, and references.

II Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies, including the California Department of Labor.

IV California applicants only. If you want a copy of the report(s) ordered, check this box. The reports(s) will be sent by the reporting agency to you at the address below.

V I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted data base, or its agent to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential, and will not be used for any other purposes. I hereby release the employer and agents, 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.

_____

Name Last First Middle

_____ _____

Please print other names you have used Home Address

_____ _____ _____/____/_____

Social Security Number Date of Birth Driver's # Number / State / Name as it appears on license

_____

Signature

Business 760-949-9854 - Fax 760-948-1974