



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: _____



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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: _____