



BACKGROUND CHECK AUTHORIZATION

PRIVILEGED AND CONFIDENTIAL

319 N. Washington St. #914 Owosso, MI 48867 • (989) 249-3931 • MI License: 3701-206437

Personal Information

Print Name: \_\_\_\_\_ (First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ (Month) (Day) (Year) Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location of Birth: \_\_\_\_\_ (Country) \_\_\_\_\_ (State)

Driver's License Number: \_\_\_\_\_ (State of Issuance) \_\_\_\_\_ (Driver's License Number) \_\_\_\_\_ (Expiration)

Former Names / Also Known As

If you require additional space please use backside of form.

\_\_\_\_\_ (Name) \_\_\_\_\_ (Date Used)

\_\_\_\_\_ (Name) \_\_\_\_\_ (Date Used)

Addresses

If you require additional space please use backside of form. Most recent first. Please provide for at least the last five (5) years.

\_\_\_\_\_ (Dates) \_\_\_\_\_ (Address)

\_\_\_\_\_ (Dates) \_\_\_\_\_ (Address)

\_\_\_\_\_ (Dates) \_\_\_\_\_ (Address)

Educational Institutions Attended

If you require additional space please use backside of form.

\_\_\_\_\_ (Name of Institution) \_\_\_\_\_ (Dates of Attendance) \_\_\_\_\_ (Degree Program) \_\_\_\_\_ (Graduate?)

\_\_\_\_\_ (Name of Institution) \_\_\_\_\_ (Dates of Attendance) \_\_\_\_\_ (Degree Program) \_\_\_\_\_ (Graduate?)



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#### Release Statement and Authorization Signature

The information contained in this application is correct to the best of my knowledge. I hereby authorize Slandala, Inc. d/b/a i2 Investigations and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. 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, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, educational establishment, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to i2 Investigations or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release i2 Investigations, the Social Security Administration, 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 release.

I further state that all the information provided by me in this document is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Fair Credit Reporting Act (FCRA) Disclosure Acknowledgement

I, \_\_\_\_\_ acknowledge that I have been provided a copy of the document entitled,

(Print Name)

"My Rights Under the FCRA." I further acknowledge that I have read the document and understand my rights as they were described to me. I understand that should I wish to find the complete text of the FCRA, 15 U.S.C. 1681-1681u, I can do so at the Federal Trade Commission's web site (<http://www.ftc.gov>).

I hereby release Slandala, Inc. d/b/a i2 Investigations, the Social Security Administration, 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 or as an unintended consequence of compliance with the FCRA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_