



AUTHORIZATON RELEASE FORM
******FAX FORM BACK TO 1-877-230-4911******

- I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Masterchek Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Masterchek Inc. to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any one contacted by Masterchek Inc. to furnish the information described in Section 1.
- V. I hereby authorize, without reservation, Masterchek Inc., to contact my present employer for employment verification/references.

APPLICANT: COMPLETE THE FOLLOWING:

Signature _____
Today's Date

Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used **Social Security Number** - Your Social Security Number will only be used in order to confirm your identity for purposes of completing an accurate background investigation. Supplying your Social Security Number is optional but is needed to complete the hiring process.

Date of Birth

Home Address **City** **State** **Zip**

Driver's License Number and State **Name as it appears on License**

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record? ___ No ___ Yes **If yes, please explain:** (Make sure to include the city/state/county and the year the crime occurred for each conviction.)

FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE:

In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).