



Contractor Background Check Authorization

Full Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Social Security #: _____

Driver's License #: _____

State Driver's License Issued: _____

Date of Birth: _____

I hereby authorize you to make any investigation of my personal history, employment history, financial records, criminal history, driving records and credit records through any investigative, credit agencies or bureaus of your choice. I understand that I have the right to request additional disclosures of the "nature and scope" of the investigation, as well as the FCRA Summary of Rights

Applicant Signature

Date of signature

Client's Name: _____

Send Results via Email or Fax: _____