

**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 by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
II Medical and workers' 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 telephonic 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 Minnesota Department of Labor.
IV Minnesota applicants only. If you want a copy of the report(s) ordered, check this box [ ]. The report(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 by Arizona Private Detective, or his 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.

Please print your full name Last First Middle
Please print other names you have used
Home Address
City State Zip Code
Social Security Number
Date of Birth
Driver's License Number State Issuing License
Name as it appears on license
Signature Today's Date

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURED FILES, SEPARATE FROM PERSONNEL RECORDS!

Please FAX this form to: 877 202 9065

**EMPLOYER COMPLETE THE FOLLOWING**

**Order Form**

Requester Name
Company Name
Address City State Zip
Telephone Fax
E-mail

**EMPLOYER - COMPLETE THE FOLLOWING**

DELIVER MY REPORTS VIA: [ ] Fax [ ] Mail [ ] Verbal

- [ ] Social Security Verification
[ ] Driving Record
[ ] Motor Vehicle Registration
[ ] Workers' Compensation History (Employer certifies that a conditional job offer has been made)
[ ] Credit (for employment purposes only)
[ ] Civil Records [ ] Municipal [ ] Superior [ ] Federal County(s)
[ ] Criminal Records [ ] Municipal [ ] Superior [ ] Federal County(s)
[ ] National Criminal Wants & Warrants
[ ] Bankruptcies, Tax Liens, Judgments County(s)
[ ] Verifications
[ ] Employment Verification Specify number of employers:
[ ] Employment References Specify number of employers:
[ ] Education/Academic Verification School/Institution:
[ ] Professional License Type:
[ ] Personal References Specify number of personal references:
[ ] Military Service Verification
[ ] Corporate Records Search
[ ] UCC Filings
[ ] Fictitious Business Name Search County(s)
[ ] Business Licensing City, State:
[ ] State Board of Equalization
[ ] Business Credit Report
[ ] Other:

Please submit copy of employment application or resume if available.