



**BGI Associates LLC**  
Employment Background Release Form  
400 South State Street Suite 130  
Zeeland, MI 49464  
(616)239-1040

I \_\_\_\_\_, acknowledge that I am aware that a background investigation will be conducted on me as a condition of my employment and anytime during the course of my employment with \_\_\_\_\_.

I authorize **BGI Associates LLC** to examine my:

- \_\_\_\_\_ **Criminal Record**
- \_\_\_\_\_ **Drivers Record**
- \_\_\_\_\_ **Social Security History**
- \_\_\_\_\_ **Credit History**
- \_\_\_\_\_ **Employment History**
- \_\_\_\_\_ **Education History**
- \_\_\_\_\_ **Social Media History**
- \_\_\_\_\_ **Personal and professional References**
- \_\_\_\_\_ **Previous Residences**
- \_\_\_\_\_ **Pre-employment Drug Screen**
- \_\_\_\_\_ **Pre-employment Physical**

and all facts stated on my employment application. I understand and authorize the search of all criminal justice reporting agencies and the release of all criminal conviction records to **BGI Associates LLC**. I authorize all persons, schools, companies, corporations, credit bureaus, department of motor vehicles and law enforcement agencies to supply information concerning any records they may have in their files to **BGI Associates LLC**. I release **BGI Associates LLC** and all persons who provide information to **BGI Associates LLC** concerning me, from all liability for any damages on account of inquiry into and the furnishing of said information. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

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