



Authorization for Background Investigation

A-Check America, Inc.
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File # (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, or mode of living in connection with an application of employment with _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, workers' compensation record, education, credentials, identity, past addresses, social security number, previous employment, and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureau, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me, to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive the need to receive a written notice for disclosure of information from any present or former employer who may provide information based upon this authorization.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): ____/____/____ (MM/DD/YYYY)

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issuance: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a cell and/or alternate phone number and email address where we may contact you.

Cell Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Email Address: _____

Signature: _____ Date: _____

(Please do not type in name; your hand-written signature is required above)

California, Minnesota and Oklahoma Residents Only:	
If a consumer background report is ordered, would you like a free copy of the report mailed to your home?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature: _____	Date: ____/____/____

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