

reference

Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last)		PAST LEGAL NAMES or ALIAS (First, Middle (full), Last)	
CURRENT STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP		HOW LONG?	
APPLICANT SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE ISSUED	MALE / FEMALE (circle one)
APPLICANT EMAIL			

WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

California, Minnesota and Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

New York employers and residents only: By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

SIGNATURE	DATE
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For office use only

Fax to 1-919-876-6272

COMPANY NAME	REQUESTOR
<input type="checkbox"/> Criminal Record	<input type="checkbox"/> Credit Report
<input type="checkbox"/> Motor Vehicle Record	<input type="checkbox"/> Social Sec. No. Trace
<input type="checkbox"/> Social Sec. No. Trace	<input type="checkbox"/> OIG
<input type="checkbox"/> OIG	<input type="checkbox"/> Federal Record

For Georgia criminal searches only: (must check one)

<input type="checkbox"/> Employment with Mentally Disabled (Purpose Code M)	<input type="checkbox"/> Employment with Children (Purpose Code W)
<input type="checkbox"/> Employment with Elder Care (Purpose Code N)	<input type="checkbox"/> None Apply

CRIMINAL (where) 1	2	3
EMPLOYMENT 1	2	3

PROFESSIONAL LICENSE VERIFICATION	EDUCATION VERIFICATION
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