



AUTHORIZATION FORM FOR CONSUMER REPORTS (PCard)

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including criminal records. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Position _____

Department _____

Print your name _____

Current Address _____

City _____ State _____ ZIP _____

Social Security Number _____

Drivers License State _____ License number _____

For identification purposes

Date of Birth: Month ____ Day ____ Year ____ Race _____ Gender: M F

Other or former names _____

Signature _____ Date _____

Previous Addresses in last 7 years

1. _____
Street Address City State Zip

2. _____
Street Address City State Zip

3. _____
Street Address City State Zip

Order Number _____