

National Background Investigations, Inc
Customized Background Screening Solutions...Simplified

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

COMPANY NAME may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records "driving records", verification of your education or employment history, workers compensation injuries, employment and/or education history, or other background checks. Please be advised that the nature and scope of this notice and authorization is all-encompassing to include National Background Investigations, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 or another outside organization. By signing this notice and authorization you are allowing **COMPANY NAME** to obtain from any outside organization all manners of consumer reports and investigative reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer reports.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **COMPANY NAME** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance to furnish any and all background information requested by National Background Investigation, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 another outside organization acting on behalf of **COMPANY NAME** itself. I agree that facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by National Background Investigations, Inc. by contacting the consumer reporting agency identified above directly.

Maine, Massachusetts, Minnesota, New Jersey and Oklahoma applicants or employees only: Please initial if you would like to receive a copy of a consumer report if one is obtained by National Background Investigations, Inc. _____

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please initial here if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by National Background Investigations, Inc. whenever you have the right to receive such a copy under California law. _____

SIGNATURE OF ACKNOWLEDGEMENT AND AUTHORIZATION

By my signature below, I certify that the information provided on the attached forms is true and accurate to the best of my knowledge.

Please print name (last, first, middle) _____

Signature: _____ Date: _____

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TO BE COMPLETED BY APPLICANT (all information will be used for background screening purposes only)		
Last Name	First Name	Middle Name
Other Known Names Or Other Names Used		
Other First Name	Other Last Name	
Current Address		
City	State	Zip
From (mm/yy)		To (mm/yy)
Primary Telephone Number		Email
Date of Birth (mm/dd/yyyy)		
Social Security No.		
Driver's License No.		State
Previous Address of Residence (past seven years)		
1. Address		
City	State	Zip
From (mm/yy)		To (mm/yy)
2. Address		
City	State	Zip
From (mm/yy)		To (mm/yy)
3. Address		
City	State	Zip
From (mm/yy)		To (mm/yy)
4. Address		
City	State	Zip
From (mm/yy)		To (mm/yy)

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CRIMINAL HISTORY RECORD SEARCH

County Felony/ Misdemeanor
County Felony/ Misdemeanor
County Felony/ Misdemeanor
County Felony/ Misdemeanor

US/SOR (Multi-Jurisdiction Search)
Social Security Trace
National Public Sex Offender Registry (NPSOR)
Federal Criminal
Federal Civil
County Civil Upper and Lower
10 Panel Drug Screen
Workers Compensation (specify state)
Motor Vehicle Report
Office of Foreign Assets Control
Medicare/ Medicaid Fraud Sanctions List (HHS/OIG)
Consent Based Social Security (SSA 89 form required)
Credit Report
I-9 Verification (must have submitted MOU)
Mass Cori (must be registered)

STATEWIDE SEARCHES

Alabama	Arkansas	Colorado	Connecticut
Delaware	Florida	Georgia	Idaho
Iowa	Illinois	Indiana	Kansas
Kentucky	Maine	Maryland	Michigan
Minnesota	Missouri	Montana	Nebraska
New Jersey	New York	North Carolina	North Dakota
Oklahoma	Oregon	Pennsylvania	Rhode Island
South Carolina	South Dakota	Tennessee	Texas
Utah	Vermont	Virginia	Washington
Wisconsin	Washington DC		