



BACKGROUND CHECK RELEASE FORM-Employment

PER FCRA: 1) Signing this release authorizes a background check. 2) You may not be offered a position based on it. 3) Your employer will advise you if that's their intention. You can review the report and dispute errors prior to official turnaround.

Social Security #: _____ - ____ - _____ Gender: _____ Race: _____ Date of Birth ____/____/____ (only used to ensure accuracy of records)

Names:
 Last: _____ First: _____ Middle: _____

Maiden name or other names used in the past 7 years: _____

Address history:

Present: _____ City & ST _____ Zip Code _____ County _____ Years _____

Prior: _____ City & ST _____ Zip Code _____ County _____ Years _____

Any counties resided in last 7 years: _____

Driver's license number: _____ State issued: _____

Conviction history: List all convictions including traffic: Please indicate "TR" for Traffic, "M" for misdemeanor, and "F" for felony:

Year of offense	Offense	Where occurred – City, State, County	Level – TR, M, F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize the release to BOE – Assisted Living Admin AL and Background Bureau, Inc., (BBI) an independent pre-employment screening agency, of any information held by any parties regarding my prior employment, criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation for employment purposes. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by BBI and reported to my prospective/actual employer. I agree that an investigative consumer report may be requested, which may contain information pertaining to my character, general reputation, personal characteristics, and mode of living obtained through personal interviews.

I authorize and request any federal, state, or local agency, college/university, former employer, and other persons to provide information or records concerning my military records, character, employment, credit history, motor vehicle history, drug test results, academic records, licenses and certifications, or any other information requested by BBI. I understand that BBI is a consumer reporting agency and that while reports are generally written in plain terms, BBI will provide a written explanation in response to any questions that I may have concerning my report. I understand that any consumer report or investigative consumer report will be used only for a permissible purpose under the Fair Credit Reporting Act (FCRA). Those purposes include evaluation for employment, promotion, reassignment or retention as an employee. Also, I understand that upon a conditional offer of employment, the report may contain medical inquiries and workers' compensation history, subject to rules under the Americans with Disabilities Act.

I acknowledge my right to request from BBI, subject to identification verification, the nature and scope of all information in its files concerning my background at the time of my request, including sources of information, and the recipients of any reports about me which BBI has furnished within the two year period preceding my request. BBI may be contacted at 2019 Alexandria Pike, Highland Heights, KY 41076 or at (800) 854-3990.

I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that BBI is relying on third party information and is unable to guarantee the accuracy of the data reported to it. If not hired, based on the report, I understand I have rights under FCRA laws including the right to review my report and correct errors.

Signed _____ Dated _____ CA, OK, MN, NY Residents: Check here to receive report. _____

COVER SHEET (EMPLOYER USE ONLY) FAX RELEASE FORMS TO: 859-781-5888 EMAIL: order@backgroundbureau.com

Client: BOE – Assisted Living Admin AL Attn: Claire Austin Ph: 334-239-7044 Return via: chaustin3@gmail.com

County All Prior Counties Alias/Maiden Name Multistate Identitrace Credit MVR Federal KY Pre-Trial OH Comp GBI FDLE Level 1 Level 2 Level 3
 Employment: Verify Investigate Verify Education Verify License OFAC Civil E-Verify Sex Offender Multi-County Plus Workers Comp, specify state(s) _____

SPECIFY OTHER RESEARCH WANTED:

Property of Background Bureau Inc 2019 Alexandria Pike Highland Heights, KY 41076 Need help? 800-854-3990



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BOE – Assisted Living Admin AL

Use this form if education verification, employment verification/investigation or reference checks are required.

Applicant Name:

College: 1 - _____	City, ST, Zip _____	Attendance dates: _____	Degree: _____
College: 2 - _____	City, ST, Zip _____	Attendance dates: _____	Degree: _____
High school - _____	City, ST, Zip _____	Attendance dates: _____	Year Graduate: _____
GED State issued: - _____	Test Location: _____	Year received _____	

NOTE: INABILITY TO IDENTIFY YOUR EMPLOYMENT CAN CANCEL OR DELAY PROCESS. BE VERY THOROUGH IN THIS PART.

1. Employer Name: _____	Phone number: _____	Address, City, State, Zip _____
Position: _____	Dates worked: From _____ to _____	Reason left? _____
Supervisor's name _____	Co-workers name: _____	
2. Employer Name: _____	Phone number: _____	Address, City, State, Zip _____
Position: _____	Dates worked: From _____ to _____	Reason left? _____
Supervisor's name _____	Co-workers name: _____	
3. Employer Name: _____	Phone number: _____	Address, City, State, Zip _____
Position: _____	Dates worked: From _____ to _____	Reason left? _____
Supervisor's name _____	Co-workers name: _____	

Check here , if we are not free to contact your present employer at this time.

Reference:

1. Name:

Phone #:

Email address:

Reference:

2.. Name:

Phone #:

Email address:

Reference:

3. Name:

Phone #:

Email address: