



BACKGROUND CHECK RELEASE FORM

PER FCRA: 1) Signing this authorizes a background investigation. 2) You may not be hired or your employment continued based on our report. 3) You will be told if that is the intent. 4) You can view the report and dispute items you feel are erroneous with us or the source .

LAST NAME _____ FIRST _____ MIDDLE _____ SOC.SEC# _____

PRESENT ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____

PRIOR ADDRESS _____ CITY,ST,ZIP _____ County _____ Yrs _____

OTHER PRIOR NOTE: Year of birth used for identification only
 County(ies): _____ ST _____ ST _____ CITY _____ ST _____ FULL D.O.B.: ____/____/____/
 Race _____ (TBI, IN State Police and FDLE require race to run these reports)

DRIVER LICENSE # _____ STATE: _____ Maiden/other names used: Male Female

LIST ALL CONVICTIONS INCLUDING TRAFFIC (Indicate "M" for misdemeanor or "F" for felony.)

YR.	NATURE OF OFFENSE	RESOLUTION	WHERE(CITY/ST COUNTY)	M or F	OTHERS:

NOTE: USE REVERSE SIDE IF MORE ROOM NEEDED.

I hereby authorize the release to 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. 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 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 I therefore release BBI, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired, I understand I do have certain rights under FCRA laws.

Signed _____ Dated _____

COVER SHEET (EMPLOYER USE ONLY) Fax: (859) 781-5888 Email: order@backgroundbureau.com call: (800) 854-3990 or (859) 781-3400
CLIENT: Clinical Inquest Center Ltd Attn: Rakesh Ph: 937-429-2422 Return via: rakesh@cic-america.com

<input checked="" type="checkbox"/> County Courthouse <input type="checkbox"/> Prior County <input type="checkbox"/> All prior counties <input checked="" type="checkbox"/> Multi-state <input checked="" type="checkbox"/> Credit <input type="checkbox"/> Alias/Maiden name search	<input type="checkbox"/> MVR <input type="checkbox"/> Identitrace <input type="checkbox"/> KY Pre-Trial <input type="checkbox"/> OH Comp <input type="checkbox"/> IN State Police <input type="checkbox"/> OCA (NY)	<input type="checkbox"/> GA Bureau (GBI) <input type="checkbox"/> TN Bureau (TBI) <input type="checkbox"/> FL Dept of Law En. (FDLE) <input type="checkbox"/> TX Dept of Public Safety <input type="checkbox"/> Worker's Comp <input type="checkbox"/> OFAC	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Sexual Predator Search <input type="checkbox"/> Civil <input type="checkbox"/> Other _____
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