



P.O. Box 5615  
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Call Direct: 951-750-1501  
Fax: 951-750-1301

## Authorization for Background Investigation

File # (online users only): \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my driving record in connection with my application for employment with \_\_\_\_\_.

The Scope of this investigation will entail a **DRIVER'S REPORT ONLY**, in compliance with company policy.

I authorize and request any state/federal government office and/or state department of motor vehicles including those maintained by both public and private organizations to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive the need to receive a written notice for disclosure of information from any present or former employer who may provide information based upon this authorization.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: \_\_\_\_\_

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (for I.D. purposes only): \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a cell and/or alternate phone number and email address where we may contact you.

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please do not type in name; your hand-written signature is required above)*

<b>California, Minnesota and Oklahoma Residents Only:</b>	
If a consumer background report is ordered, would you like a free copy of the report mailed to your home?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature: _____	Date: ____/____/____

**NOTICE:** This form is the property of A-Check America, Inc. No alterations to its content may be made without the prior written consent of its author. Any changes made without A-Check's authorization are considered a breach of contract.