



BACKGROUND CHECK INQUIRY RELEASE

In connection, and for the duration of my employment (including contract for services) with _____, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

Your authorization releases Background Research Solutions, LLC and its agent from all liability for damages, of whatever type or nature, including court costs and reasonable attorney fees suffered by any person, including the undersigned arising from the investigation and disclosure of the requested information. Further, it releases and discharges from all liability any companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to us the above-mentioned information as requested, to successfully complete a background investigation.

By my signature below, I hereby authorize and understand such investigation and further give permission to any party or agency contracted to release all criminal record information maintained in their files which may confirm or deny my eligibility with the employer. Background Research Solutions, LLC is only disseminating information requested and is not rendering or offering opinion on my employment eligibility.

I understand that, according to the Federal Fair Credit Reporting Act, I am entitled to know if employment is denied based on information obtained through background inquiries. I also understand that I am entitled to receive, upon written request, a copy of any investigative report(s).

I agree that any copy of this document is as valid as the original.

Print Full Name:			
	(First)	(Middle)	(Last)
Maiden Name or Alias:			
Date of Birth		Social Security Number	
	(MM/DD/YYYY)		
Current Address:		Apt. No. / Suite No.	
City:		State:	Zip:
Driver's License Number:		State Issued:	
Applicant's Signature		Date:	
		(MM/DD/YYYY)	

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