

Complete this additional form only if you have ever lived in the State of Georgia.

Employment Background Authorization & Release

I hereby authorize Background Investigation Bureau, Inc. to obtain any and all information that pertains to my eligibility for employment. This information will include but is not limited to, arrest and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification and social security number verification. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at *any time* during my employment or contract.

Please Print All Information Clearly

Personal Information (List all names used)

Last	First	Middle
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Current Street Address _____	City _____	State _____
Zip _____	SSN _____	Date of Birth _____
Gender _____	Race _____	
Drivers License Number _____	State Issued _____	Expires _____

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against Background Investigation Bureau, Inc. or its acting agents. A photo or fax copy of this release form will be valid as an original therefore, even though said copy does not contain an original writing of my signature.

Signature _____ **Date:** _____