

Applicant Release|Order Form

Company: **Internal Data Resources** Contact: **Ms. Sara Finch**
Account Number: **900111** Phone: **770-671-0040** Fax: **770-671-1106**

In connection with my application I understand that investigative background inquiries are to be made on me including consumer credit, criminal history, motor vehicle and other reports. These reports will include information as to my character, work habits, performance education and experience along with reasons for termination of 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.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the information from BACKGROUNDCHECKS.COM and/or any of their licensed agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicants Signature: _____ Date: _____

Print All Information

Full Name _____ SSNumber _____
Gender: _____ Race: _____ Date of Birth: _____ Drivers Lic. #: _____ State: _____

Addresses (Past 7 years)

Current

Address: _____ City: _____

State: _____ Zip: _____

Years there: From _____ To _____

Previous

Address: _____ City: _____

State: _____ Zip: _____

Years there: From _____ To _____

Previous

Address: _____ City: _____

State: _____ Zip: _____

Years there: From _____ To _____

IDR Office Use Only:

Client Order Form

SERVICE CHOICES

Credit CBI T/U TRW

Social Security Number Search: CBI T/U TRW

National Wants & Warrants

Criminal arrests/convictions, Statewide: Circle one: AL, AR*, CO, CT, DC, FL, GA, ID, IL, IN, KS, KY, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH*, NJ, NM*, OK, OR, PA, RI, SC, TN, TX, VA*, WA, WI

Criminal arrests/convictions: County _____ State _____ City _____

Driving Record

Prior Employment Verification (Fax page of application with that information along with this form)

Workers Compensation Claims Record: State _____

Education Verification (need School name, City, Years attended & Degree, if any)

**Special release forms are required for these searches. Please call for more information*