

**BACKGROUND CHECK
AUTHORIZATION AND RELEASE FORM**

**** THIS FORM CANNOT BE PROCESSED IF INCOMPLETE, ILLEGIBLE OR INACCURATE!!!!****

1. _____, having applied for employment,
(PLEASE PRINT FULL LEGAL NAME)

do hereby authorize ALL FACTS, INC. to obtain any information regarding my credit, traffic information, including history of violations and status of Driver's License, education history and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to _____. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Dr.Lic.# or ID# = _____ State _____

Name as it appears on Driver's License _____

SSN#: _____ Place of Birth _____

Other Names used since 2007: 1) _____ Dates: From _____ To _____
(maiden name/aliases)

2) _____ Dates: From _____ To _____

How many consecutive years have you lived in this State? _____

Please print addresses (including city/State/zip code/dates-Month AND Year) for **PAST 7 YEARS.**
(If any additional space is needed, please use separate sheet.)

1. _____ Dates: From _____ To _____

2. _____ Dates: From _____ To _____

3. _____ Dates: From _____ To _____

4. _____ Dates: From _____ To _____

5. _____ Dates: From _____ To _____

Date of active military service (if applicable or write N/A): From _____ To _____ (Mo/Yr)
=====

The following is required for criminal record identification purposes only:

Date of Birth _____

Race _____

Sex _____

CONSENT FORM

I hereby authorize ALL FACTS, INC./ _____ to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal agency in Georgia or any other State.

Signature of Applicant

Date

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF
CONSUMER REPORT**

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as a tenant. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Applicant's Name

Social Security Number

Address

City, State, Zip

Applicant's Signature

Date