

## ACARS TOWING, LLC

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### Background Check Information Request Form

Acars Towing, LLC is committed to partnering with professional, qualified drivers. All prospective partners must undergo a criminal background check. The below information is required to complete your background check authorization form. Please provide the requested details as soon as possible. Once received, your completed background check authorization form will be sent to your email for your review and electronic signature. Your e-signed authorization form will then be submitted, and your background check will be processed.

Name (as appears on your Driver's License): \_\_\_\_\_

Former Names & Dates Used: \_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Date you moved to this address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_

The above information is true and accurate to the best of my knowledge as of today.

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