

NATIONAL BACKGROUND CHECKS

1878 Jefferson Road
Rices Landing, PA 15357
Telephone: (724) 592-7736 Fax: (724) 592-5069

Website: www.nationalbackgroundchecks.com
E-mail: customerservice@nationalbackgroundchecks.com

Authorization for Background Check

I authorize National Background Checks or any of their agents to verify the information I have provided, and to obtain the requested background history, records, and if requested/required by employer psychological testing, and for medical entities and persons to release information as may have record or personal knowledge relating to me pursuant to my application for employment. I further authorize credit agencies, Department of Motor Vehicles, law enforcement agencies, state repository, civil, criminal and federal court systems, the military, the social security administration, educational institutions inclusive of transcripts, former or current employers unless designated below relative to current employers, corporations, and Workers Compensation Agencies to release information as may have record or personal knowledge relating to me pursuant to my application for employment. A background report requested by the client may be conducted whereby information as to my character, general reputation, personal characteristics and mode of living.

I hereby release the above-mentioned sources of information from any and all liability, claim or responsibility in providing information pertaining to me. I further expressly release National Background Checks and its clients from any liability, claim or responsibility relating to the acquisition and release of any information pertaining to me.

I understand that all records developed during the investigation are the property of National Background Checks and are released only to the client. I also understand that I may withdraw my consent to release this information at any time. Additionally, I hereby certify that my answers to all questions are true and complete to the best of my knowledge, and are made in good faith. I also understand that any false statements made by me will be reported to the client. I have read and understand the authorization and release as stated above.

I _____ do, authorize contacting my current employer: Signature _____

I _____ **DO NOT** authorize contacting my current employer: Signature _____

Please Print the following

Today's Date ____/____/____

Last Name _____ First Name _____ MI _____

Maiden _____ AKA _____ Race _____ Gender: Male ____ Female ____

Address: _____ City _____

County _____ State _____ Zip _____ Country _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Drivers License Number _____ State which issued drivers license _____

Phone () _____ - _____ Signature _____

(Please be sure to provide a copy of your driver's license)

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Date _____

Client Request List

Company Name _____ Contact _____

Telephone _____ Fax _____

Civil Record (per county or district plus applicable fees)

<u>(X) Services Ordered</u>	<u>Write in the name(s) of the County(ies) requested</u>	<u>Services Completed</u>
\$ 15.00 _____	County _____	_____
\$ 15.00 _____	Federal (per district) _____	_____

Criminal Record (per locality plus applicable fees)

Write in the name(s) of the County(ies) or State(s) requested

\$ 15.00 _____	County _____	_____
\$ 15.00 _____	State _____	_____
\$ 15.00 _____	Federal (per district) _____	_____
\$ 15.00 _____	National Sex Offender Public Registry _____	_____

Education

\$ 15.00 _____	Academic Credentials (per school) _____	_____
\$ 15.00 _____	Professional License (per license) _____	_____
\$ 20.00 _____	Transcripts (per school plus applicable fees) _____	_____
\$ 15.00 _____	Motor Vehicle Driving Record (per state plus state fee) _____	_____

Please provide a copy of Drivers License _____

*In strict compliance with the Fair Credit Reporting Act.

**Applicable fees vary by State from no charge to \$60.00 Local, county, state, and federal fees associated with the above mentioned criminal and civil checks are not considered extraordinary costs.

***If extraordinary costs arise in connection with the above, NBCS shall identify such cost for client approval prior to performance.