

EMPLOYMENT BACKGROUND AUTHORIZATION & RELEASE FORM

I hereby authorize Background Investigation Bureau Inc (as BIB) to obtain any and all information that pertains to my eligibility for employment. His 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.

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

LAST name: _____ FIRST: _____ MIDDLE: _____

Address: _____

City: _____ State: Zip Code:

County: _____ Sex: Male Female Race: _____

Phone : () -

Date of Birth: / /

Social Security Number: - -

Email: _____ @ _____

Bank Name: _____ Checking Saving

Routing Number:

Account Number:

Signature: _____ Date: / /

HR, please complete below area

Hire Date: / /

Pay Rate: Hourly \$.

Effective Date: / /

Manager's Signature: _____ Date: / /