



## Pre-Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228, fax 877.725.7418. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

_____	_____/_____/_____	_____-_____-_____
Applicant Name	Date of Birth*	Social Security Number
_____	_____	_____
Current Address	City & State	Zip
_____	_____	_____
Drivers License #	State	Prospective Employer
_____	_____/_____/_____	
Applicant's Signature	Date	

\*Date of Birth is being requested in order to obtain accurate retrieval of records.

**California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

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### Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on your which AISS has previous furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.



# = Background Request Form =

**PLEASE PRINT LEGIBLY (Illegible applications may be delayed)**

### Section I (Client Information)

Subscriber Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

Requestor: \_\_\_\_\_ Requestor Phone #: \_\_\_\_\_

Requestor's Email: \_\_\_\_\_

### Section II (Applicant Information)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Applicant's Ph #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First MI

Alias/AKA/Maiden: \_\_\_\_\_  
Last First MI

\_\_\_\_\_ Last First MI

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Section III (FCRA Compliant)

Does the applicant live in CA, MN or OK? \_\_\_\_\_ Y \_\_\_\_\_ N

Does the applicant wish to receive a copy of their consumer report? \_\_\_\_\_ Y \_\_\_\_\_ N

### Section IV (Services)

#### Packages:

\_\_\_\_\_ Package

### Section V (Reason/Purpose)

**MUST** check one of the following:

\_\_\_\_\_ Employment Purpose

\_\_\_\_\_ License or Government Business

\_\_\_\_\_ Credit Transaction

\_\_\_\_\_ Collection

\_\_\_\_\_ Insurance

\_\_\_\_\_ Tenant Screening

**Section VI (Employment)**  
**Please list most recent first**

**Full Company Name:** \_\_\_\_\_

May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position/Occupation: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary: \_\_\_\_\_ Pay Schedule: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Alt #: ( \_\_\_\_\_ ) \_\_\_\_\_

**Full Company Name:** \_\_\_\_\_

May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position/Occupation: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary: \_\_\_\_\_ Pay Schedule: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Alt #: ( \_\_\_\_\_ ) \_\_\_\_\_

**Full Company Name:** \_\_\_\_\_

May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position/Occupation: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary: \_\_\_\_\_ Pay Schedule: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Alt #: ( \_\_\_\_\_ ) \_\_\_\_\_

**Section VI (Employment)**  
**Please list most recent first**

**Full Company Name:** \_\_\_\_\_

May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position/Occupation: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary: \_\_\_\_\_ Pay Schedule: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone #: (\_\_\_\_\_) \_\_\_\_\_ Alt #: (\_\_\_\_\_) \_\_\_\_\_

**Full Company Name:** \_\_\_\_\_

May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position/Occupation: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary: \_\_\_\_\_ Pay Schedule: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone #: (\_\_\_\_\_) \_\_\_\_\_ Alt #: (\_\_\_\_\_) \_\_\_\_\_

**Full Company Name:** \_\_\_\_\_

May we contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position/Occupation: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary: \_\_\_\_\_ Pay Schedule: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone #: (\_\_\_\_\_) \_\_\_\_\_ Alt #: (\_\_\_\_\_) \_\_\_\_\_

**Section VII (Education)**

**High School Name:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone #: \_\_\_\_\_

Diploma Received: \_\_\_\_\_ Y \_\_\_\_\_ N High School Equivalency (GED) \_\_\_\_\_ Y \_\_\_\_\_ N

Year Graduated: \_\_\_\_\_ Name graduated under: \_\_\_\_\_

**College/University:** \_\_\_\_\_  
(PLEASE BE VERY SPECIFIC AND ACCURATE IN PROVIDING NAME)

City/Campus: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Degree Received: \_\_\_\_\_

Major: \_\_\_\_\_

Date Degree Rec'd: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School Phone #: \_\_\_\_\_

**Other:** \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone #: \_\_\_\_\_

Degree Received: \_\_\_\_\_

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_