



### AUTHORIZATION AND CONSENT FORM

InfoPal, Inc. along with its affiliates and subsidiaries request the following information to be true and complete in all respects. I, the applicant, state that the information given in my employment application is true and complete. I also understand that in consideration of my application, an investigation may be conducted of my past employment and activities. I authorized past employers, personal references and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, military service, educational background, medical history, criminal record history, credit history, driving record, workers' compensation claims, character and reputation. I release all persons including past employers, credit bureaus and government agencies from any liabilities or damages on account of having furnished such information in good faith. A telephonic facsimile (FAX) or a photographic copy of this authorization shall be valid as the original. In consideration of my application for employment, I authorized InfoPal and/or its agents to conduct such an investigation, and release the company named above, including its officers, employees, agents and representatives from all liability or responsibility for this investigation. I understand that the information requested below regarding sex, race, and date of birth are for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law. I further understand any Initial employment offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I understand that a consumer report may be procured for employment purposes, and I authorized you to obtain such consumer reports. All consumer report information will be furnished in compliance with the Fair Credit Reporting Act (FCRA).

1. \_\_\_\_\_  
LEGAL NAME                      FIRST                      MIDDLE                      LAST

2. Social Security #: \_\_\_\_\_ Driver's License #: - \_\_\_\_\_ State: \_\_\_\_\_

3. Maiden / Other Names Used: \_\_\_\_\_

4. Current (STREET) Address: \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ HOW LONG \_\_\_\_\_

(Must be 5 years of history between lines 4 & 5. For additional space use back of this form)

5. Previous Street Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ HOW LONG \_\_\_\_\_

6. DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

7. HAVE YOU EVER BEEN ARRESTED, OR CONVICTED FOR ANY CRIME? IF SO, LIST STATE AND COUNTY.  
YES \_\_\_\_\_ NO \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_

8. HAVE YOU EVER BEEN ARRESTED, OR CONVICTED ON THE FEDERAL LEVEL?  
YES \_\_\_\_\_ NO \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_

**FOR COMPANY USE ONLY: PLEASE INDICATE CHECK TO BE PERFORMED:**

Criminal History (State): \_\_\_\_\_ State Drivers Record \_\_\_\_\_ Nat'l Outstanding Warrants \_\_\_\_\_  
Criminal County \_\_\_\_\_ Criminal Federal \_\_\_\_\_ Social Security Search \_\_\_\_\_  
Employment Verification \_\_\_\_\_ Education Verification \_\_\_\_\_ License Verification \_\_\_\_\_  
Workers' Compensation Claims \_\_\_\_\_ Credit Report \_\_\_\_\_

**PLEASE INDICATE ANY ADDITIONAL JURISDICTIONS NEEDED FOR CRIMINAL HISTORY:**

CITY/STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ YEARS OCCURRED? \_\_\_\_\_

VERBAL OR FAX REPORTS TO: \_\_\_\_\_

SENDER: \_\_\_\_\_