



AUTHORIZATION AND CONSENT FORM
DeKalb County Government / Fax: 770-458-0011

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any Initial employment offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation.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: _____

