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AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

PLEASE READ CAREFULLY BEFORE SIGNING WAIVER

<u> </u>	, acknowledg	e and agree that ABI and Alpha
	ng on behalf of ABI may obtain a consi ring my employment for promotion or reten	·
government agencies to release any in qualifications for employment. All infor	ons, entities, companies, consumer reporn nformation and records they may have rmation received will be in strict compliance 15 U.S.C. 1681 et seq., Privacy Act Title 2 1, 552, etc.	concerning my background and with all federal and state laws
of information received from others an	lpha Background Investigations have no dut nd that ABI may rely on and base its decis gree that a photographic or facsimile copy o	sion solely upon the information
	Trace, Criminal Records, Credit Report References, Workers Compensation, and an a Search and Personal Reference check.	
APPLICANT'S FIRST NAME:		
APPLICANT'S MIDDLE NAME/INITIAL:		
APPLICANT'S LAST NAME:		
OTHER NAMES USED:		
APPLICANT'S SOCIAL SECURITY NUMBER	₹ :	
APPLICANT'S DATE OF BIRTH:		
APPLICANT DRIVER'S LICENSE NUMBER:		
STATE ISSUED:		
CURRENT ADDRESS:		
CITY/STATE/ZIP		
EMAIL ADDRESS:		
OTHER NAMES USED:		
PHONE NUMBER:		
I have read and fully understand the	e above release.	
Print Name	Signature of Applicant	 Date