



NOTIFICATION, AUTHORIZATION, CONSENT TO RELEASE OF INFORMATION TO EMPLOYER AND ITS AGENT

The purpose of this form is to notify applicant an investigative report will be conducted on you in the course of consideration for employment.

I, _____ consent and authorize _____
(APPLICANT) (REQUESTING COMPANY)

and it's authorized agent, Sierra HR Partners, Inc., to conduct a pre-employment background investigation on me. The agency may request and receive reports and/or information concerning me, including, but not limited to former employers, licensing agencies, criminal, civil, and driving records. I further understand that an investigative consumer report concerning me may include information about my character, general reputation, personal characteristics, and mode of living. Pursuant to state and federal law, I am entitled to receive a free copy of any consumer report containing public information obtained directly by requesting company or all of the information obtained by the investigative reporting agency, within three days of the time the report is released to the employer, along with a copy of "Your Rights Under the Fair Credit Reporting Act". State and Federal law also require the employer to give me notice if adverse action is taken based upon the contents either wholly or partly because of information contained in an investigative consumer report, along with a copy of the investigative report. I understand I have the right to dispute directly with the consumer reporting agency and findings within a consumer/investigative report, if the dispute is made in writing by me within 60 days of the date of adverse action.

I request and authorize all persons who have information relevant to this preliminary investigation to disclose such information as may be requested.

Name: _____
First Middle Last

List any other name(s): _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Driver License/ID Information: _____
Number State

Phone: (_____) _____ (_____) _____
Primary Alternate

Email: _____

Address: _____
Number Street Apt. #

City State ZIP Code

Other address(es) where you've lived within the last **ten (10) years**. Use a separate piece of paper if necessary:

Street: _____ Dates: from _____ to _____

City: _____ State/ZIP Code: _____

Street: _____ Dates: from _____ to _____

City: _____ State/ZIP Code: _____

Street: _____ Dates: from _____ to _____

City: _____ State/ZIP Code: _____

I have read this Notification, Authorization, and Consent to Release of Information and fully understand the terms of this release.

Applicant's Signature

Date