



MARTIN-ROSS

INVESTIGATION & SECURITY SERVICES



BACKGROUND INFORMATION RELEASE FORM (PLEASE READ CAREFULLY)

BY MY SIGNATURE BELOW AUTHORIZE Martin-Ross and Associates to obtain complete Background Information on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose including but not limited to those covered under the Fair Credit Reporting Act. (FCRA)

The Background Check may contain information available in the Public Domain and may include interviews with persons including previous employers, references and/ or their referrals. By my signature below, I hereby authorize all corporations, landlords, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release any and all information they may have about me including criminal and driving history. I do release Martin-Ross and Associates and all providers of information from any liability as a result of furnishing and receiving this information. I also agree that a copy of this release and waiver form is as effective as the original. This authorization shall be valid in either original or copy form for my length of employment or the date of notification of my failure to become employed by Martin-Ross and Associates.

Applicant's Name _____ Social Security Number _____

Date of Birth _____ State _____

Current Street Address _____

City, State, Zip Code _____

Driver License # _____ State _____ Exp _____

Signature _____ Date _____

Notary Signature _____ Date _____

Notary Stamp