



**CRIMINAL RECORDS and BACKGROUND RELEASE  
AUTHORIZATION and DISCLOSURE**

**COMPANY OR ORGANIZATION:**

I, \_\_\_\_\_  
                                 FIRST NAME  MIDDLE NAME  LAST NAME (Please Include Jr., Sr., II, III, etc.)

understand that **UNIQUE BACKGROUND SOLUTIONS** will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, whichever are applicable, but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, professional and personal references, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, and drug testing. I understand and authorize that these records may be used for the eligibility and qualification of my employment/contract/volunteering. I hereby authorize, without any reservation, the full release of these records and information for **UNIQUE BACKGROUND SOLUTIONS** and/or its designated agents or representatives to conduct the searches and investigations and to provide copies of said investigations to my potential employer/organization. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

I also authorize the full release of the information described above, without any reservation, throughout any duration of time with this organization. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment at any time. Upon request, **UNIQUE BACKGROUND SOLUTIONS** will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: **UNIQUE BACKGROUND SOLUTIONS PO Box 1604, Mt. Airy, NC 27030** or by phone at: **(336) 786-7030**

CHECK THIS BOX if you are applying for work with a California, Minnesota or Oklahoma-based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5, 1786.16(a)(5)(b)(1), & 1786.22; MN Code 13C Subdivision 2; OK Code 24 O.S. §148. Background screening information may be obtained through UNIQUE BACKGROUND SOLUTIONS.. For information on UNIQUE BACKGROUND SOLUTIONS.'s privacy policies, visit their website at <http://www.UniqueBackground.com>

Responses to the following questions are completely voluntary. You need not respond to have your application considered. However, law enforcement agencies and other entities, for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for any other purposes.

**Please Print Clearly**

FIRST NAME	MIDDLE NAME	LAST NAME	
SOCIAL SECURITY NUMBER			DATE OF BIRTH (Month/Day/Year)
PLEASE CHECK ONE		RACE	
Male		Female	

**Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.**

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

**List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.**

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

**Complete if applying for a position that may involve driving a motor vehicle.**

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_