



A Hire Rate of Success

Investigation Consent Form and Receipt of Summary of FCRA Rights

FAX: 888-454-7679 or 205-380-7548

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act (FCRA) requirements. I release from liability the company I have made application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Results of previous drug testing within the past two years if positive for illegal substances; (7) Eligibility for rehire and circumstances of previous separations from employment; (8) Social Security Number verification; and (9) information concerning any or all worker's compensation claims if a conditional offer of employment has been made. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries. **By my signature below, I acknowledge that I have received a Summary of my Rights under the Fair Credit Reporting Act (FCRA).**

Signature

Date

APPLICANT INFORMATION:

Last Name		First Name		Middle Initial	Maiden Name
Home Address		City	State	Zip Code	
Former Address		City	State	Zip Code	
Social Security Number	Date of Birth	Drivers License Number	State License Issued		
Name of Institution (School Highest Completed)		City and State	Dates Attended		

EMPLOYER INFORMATION:

<u>Stephanie Worrell/Pat Bedenbaugh</u>		<u>Bridge Staffing</u>	<u>100127</u>
Contact Name	Client Name	Client ID	
<u>866-661-7070</u>	<u>1-866-661-7090</u>		
Phone Number	Fax Number		

SERVICES ORDERED:

Criminal History	<input checked="" type="checkbox"/>	Trace/SSN Check	<input checked="" type="checkbox"/>	OIG Check (Med. Fraud)	<input type="checkbox"/>
National Crim Search	<input checked="" type="checkbox"/>	Reference Verification	<input type="checkbox"/>	Peer Credit Report	<input type="checkbox"/>
Motor Vehicle Report	<input checked="" type="checkbox"/>	State Sex Offender Search	<input type="checkbox"/>	Drug Screening	<input type="checkbox"/>
Education Verification	<input checked="" type="checkbox"/>	National Sex Offender Search	<input checked="" type="checkbox"/>	OFAC Report	<input type="checkbox"/>
Employment Verification	<input type="checkbox"/>	Professional License Check	<input type="checkbox"/>	Search AKA's	<input type="checkbox"/>

RETURN RESULTS BY:

Fax Only	<input type="checkbox"/>	Web Site	<input type="checkbox"/>	Email	<input checked="" type="checkbox"/>
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