



# STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC.

## BACKGROUND CHECK APPLICATION

APPLICANT INFORMATION					
NAME:			LIST ANY OTHER NAMES YOU HAVE USED:		
DATE OF BIRTH:	SSN:	HOME PHONE:	CELL PHONE:		
CURRENT ADDRESS				WORK PHONE:	
CITY:		STATE:	ZIP:	LENGTH AT CURRENT RESIDENCE:	
CURRENT RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT		MONTHLY PAYMENT OR RENT:		DRIVERS LICENSE:	
STATE ISSUED:	EXPIRATION DATE:	EMAIL:			
CURRENT EMPLOYMENT INFORMATION					
CURRENT EMPLOYER:					
EMPLOYER ADDRESS:					HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:	
PHONE:		FAX:		EMAIL:	
POSITION HELD:		COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		ANNUAL SALARY:	
PREVIOUS EMPLOYMENT INFORMATION					
PREVIOUS EMPLOYER:					
EMPLOYER ADDRESS:					HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:	
PHONE:		FAX:		EMAIL:	
POSITION HELD:		COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		ANNUAL SALARY:	
EMERGENCY CONTACT					
NAME:					
CURRENT ADDRESS					
CITY:			STATE:		ZIP:
RELATIONSHIP:		HOME PHONE:		CELL PHONE:	

**REFERENCES**

NAME	ADDRESS	PHONE

**ACKNOWLEDGMENT & RELEASE**

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER RELEVANT STATE AND FEDERAL LAW THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE, TRUE AND ACCURATE. I ACKNOWLEDGE THE FALSIFICATION OR ELIMINATION OF ANY INFORMATION MAY RESULT IN THE FILING OF CRIMINAL CHARGES. I HEREBY CONSENT TO STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. TO COMPLETE AN INVESTIGATIVE CONSUMER REPORT TO BE PREPARED ON ME, WHICH MAY INCLUDE INFORMATION ABOUT ME OBTAINED FROM LAW ENFORCEMENT AGENCIES, STATE AGENCIES, AS WELL AS PUBLIC RECORDS INFORMATION SUCH AS A CONSUMER CREDIT REPORTS, SOCIAL SECURITY INFORMATION, CRIMINAL HISTORY INFORMATION, MOTOR VEHICLE RECORDS, AND WORKERS COMPENSATION RECORDS, SUCH AS ARE ALLOWED BY LAW AND IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, AND TO RELEASE THE INFORMATION TO THE SUBMITTING PARTY. I FURTHER AUTHORIZE ALL PERSONS AND ORGANIZATION THAT MAY HAVE INFORMATION RELEVANT TO THIS INVESTIGATION TO DISCLOSE SAID INFORMATION TO RELEASE IT TO STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. I HEREBY RELEASE STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. FROM ALL CLAIMS AND LIABILITIES OF ANY NATURE IN CONNECTION WITH THIS INVESTIGATION, RESULTS AND DECISION. A PHOTOCOPY OF THIS AUTHORIZATION WILL BE CONSIDERED VALID. I UNDERSTAND THAT I HAVE PRESCRIBED RIGHTS AS A CONSUMER UNDER THE FEDERAL FAIR CREDIT REPORTING ACT ( FCRA) AND HAVE A COPY OF THESE RIGHTS TITLED "FAIR CREDIT SUMMARY OF RIGHTS"

PRINT NAME:

SIGNATURE:

DATE:

**DISCLOSURE CONSENT APPLICATION****APPLICANT INFORMATION**

NAME:		LIST ANY OTHER NAMES YOU HAVE USED:	
DATE OF BIRTH:	SSN:	HOME PHONE:	CELL PHONE:
CURRENT ADDRESS			WORK PHONE:
CITY:	STATE:	ZIP:	LENGTH AT CURRENT RESIDENCE:
CURRENT RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT	MONTHLY PAYMENT OR RENT:		DRIVERS LICENSE:
STATE ISSUED:	EXPIRATION DATE:	EMAIL:	

I HEREBY GIVE CONSENT FOR AN INVESTIGATIVE CONSUMER REPORT TO BE PREPARED ON ME, WHICH MAY INCLUDE INFORMATION ABOUT ME OBTAINED FROM LAW ENFORCEMENT AGENCIES, STATE AGENCIES, AS WELL AS PUBLIC RECORDS INFORMATION SUCH AS CREDIT REPORTS, SOCIAL SECURITY INFORMATION, CRIMINAL HISTORY INFORMATION, MOTOR VEHICLE RECORDS, AND WORKERS COMPENSATION RECORDS, SUCH AS ARE ALLOWED BY LAW AND IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT.

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE\_\_\_\_\_  
WITNESS\_\_\_\_\_  
DATE

PLEASE USE THE BACK OF THE FORM OR ANOTHER PIECE OF PAPER FOR ANY ADDITIONAL INFORMATION