



Select Personnel Investigations, LLP

P.O. Box 2139

Burleson, Texas 76097

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www.selectpi.com

Reference #: _____

To Whom It May Concern:

I, _____, hereby authorize Select Personnel Investigations, LLP PO Box 2139; Burleson, TX 76097 and/or its agents to make an independent investigation of my background, in obtaining consumer reports and/or investigative consumer reports which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with (Client Name)_____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, education, credentials, military history, identity, past addresses, social security number, previous employment and references.

I authorize and request any present or former employer, military, state/federal government office, state department of motor vehicles, credit bureaus, educational institution, police department, law enforcement agencies, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish SelectPI LLP with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand that by agreeing below, that I am signing the Authorization form directing the background check as authorized in the disclosure.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

D.O.B. (for I.D. purposes only): ___/___/___

Social Security Number: _____-_____-_____

Driver s License Number: _____ State of Issue: _____

Previous Addresses:

_____ City: _____ State: _____ Zip Code: _____

_____ City: _____ State: _____ Zip Code: _____

_____ City: _____ State: _____ Zip Code: _____

*** I authorize contact with my current employment as of the date I am signing this waiver: ___Yes ___No ***

Select Personnel Investigations LLP will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone:() _____-_____ Cell: () _____-_____

If there is any information you need to make your employer aware of which may impact on your eligibility for this position, please provide the info below:

Signature: _____ **Date:** ___/___/___

(Please sign above to acknowledge Authorization for Background Investigation)

California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [Yes; send me a copy]