LOWDEN & ASSOCIATES

COST CENTER:_____

EMPLOYMENT WITH SDS IS CONTINGENT ON THE RESULTS OF YOUR BACKGROUND CHECK. WE RESERVE THE RIGHT TO TERMINATE BASED UPON REVIEW OF THE FINDINGS.

CANDIDATE INFORMATION

LAST NAME:

FIRST NAME:

MIDDLE/MAIDEN NAME:

STREET ADDRESS:

CITY: STATE:

ZIP: COUNTY:

DOB: / / SS #: — —

RACE: SEX:

DRIVERS LICENSE #: STATE ISSUED:

List the county and state of your previous places of residence and/or employment (whichever are applicable) during the **past seven years**.

	COUNTY & STATE	LENGTH OF TIME (YEARS & MONTHS)
1		
2		
3		

AUTHORIZATION RELEASE

FAIR CREDIT REPORTING ACT: I HEREBY UNDERSTAND THAT A CONSUMER REPORT MAY BE ORDERED AND THAT I AM HEREBY GIVING MY PERMISSION FOR SUCH A REPORT TO BE PROCURED. I UNDERSTAND THAT I AM ENTITILED TO SEE A COPY OF THIS REPORT AND A COPY OF "SUMMARY OF CONSUMER RIGHTS" BEFORE ANY ADVERSE ACTION IS TAKEN BY THE BELOW MENTIONED COMPANY. THE INFORMATION FROM THIS REPORT WILL NOT BE USED IN VIOLATION OF ANY APPLICABLE STATE OR FEDERAL EQUAL OPPORTUNITY LAW OR REGULATION.

I HEREBY AUTHORIZE SMART DOCUMENT SOLUTIONS (SDS) AND ITS AGENTS TO MAKE AN INDEPENDENT INVESTIGATION OF ONE OR ALL DEPENDING ON POSITION WITH THE COMPANY OF MY BACKGROUND, REFERENCES, CHARACTER, ADDRESS HISTORY, PAST EMPLOYMENT, EDICATION, DRIVING, CREDIT HISTORY, SOCIAL SECURITY NUMBER VERIFICATION, CRIMINAL OR POLICE RECORDS, INCLUDING THOSE MAINTAINED BY BOTH PUBLIC AND PRIVATE ORGANIZATIONS AND ALL PUBLIC RECORDS 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 NOW AND, IF APPLICABLE, DURING THE TENURE OF MY EMPLOYMENT WITH SDS. I RELEASE SDS, ITS AGENTS AND ANY OTHER PERSON OR ENTITY WHICH PROVIDES INFORMATION PERSUANT TO THIS AUTHORIZATION, FROM ANY AND ALL LIABILITIES, CLAIMS OR LAWSUITS IN REGARDS TO THE INFORMATION OBTAINED FROM ANY AND ALL OF THE ABOVE SOURCES USED. NEITHER SDS NOR ITS AGENTS SHALL BE VIOLATING MY RIGHT TO PRIVACY IN ANY MANNER AND I RELEASE THEM FROM ALL LIABILITY WHATSOEVER FOR ACTIONS RELATED TO THIS INVESTIGATION.

SIGNATURE OF CANDIDATE: _____ DATE: _____

☐ California, Minnesota, and Oklahoma applicants only. I wish to receive a free copy of any Consumer or Investigative Report on me that is requested.

CLIENT INFORMATION

REPORT REQUESTOR

NAME: _____

SIGNATURE: _____

☐ FAX RESULTS ☐ PHONE RESULTS

☐ STATE CRIMINAL CHECK _____

☐ COUNTY (NAME & STATE) _____

☐ TRACK SEARCH (SSN Trace + Counties on SSN Trace)

☐ DRUG SCREENING

☐ SOCIAL SECURITY TRACE

☐ OTHER REQUESTS _____

XUKOR
THE PRE-EMPLOYMENT SPECIALISTS