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VOCABULARY AND LETTERS MUST BE UNDERSTANDABLE AND READABLE BASED ON APPEARANCE.



Site Location: _____ AUTHORIZATION FORM FOR CONSUMER REPORTS
HR Manager: _____ (Please Print and complete) (# of Pages _____)

Fax to 810-454-8296 for processing
Alternate Fax: (866) 629-0175
Or Scan and Email to support@iproveit.com

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of IPROVEIT.COM, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish IPROVEIT.COM with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Print your First Name, Middle Name, and Last Name: _____

Street Address: _____

City: State: Zip: _____

Social Security Number: _____

Drivers License State: License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ Other or Former Names: _____

Professional License: _____ State: _____ Type: _____ Number: _____

Signature: _____ Date: _____

Salaried Request _____ **PLACE AN "X" ON THE LINE FOR REQUEST TYPE** **Hourly Request** _____

PREVIOUS ADDRESS 1:

Street Address

City /State

(YEARS AT ADDRESS)

FROM _____ TO _____

Zip Code

PREVIOUS ADDRESS 2:

Street Address

City /State

(YEARS AT ADDRESS)

FROM _____ TO _____

Zip Code

PREVIOUS ADDRESS 3:

Street Address

City /State

(YEARS AT ADDRESS)

FROM _____ TO _____

Zip Code