



P.O. Box 174
Carmichael, CA 95609
Tel: (916) 481-3525
Fax: (916) 481-5293

NOTICE AND AUTHORIZATION FOR A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize _____ ("Company") & McCoy Investigations ("MI") to procure a consumer report and/or investigative consumer report on me in connection with my application for employment and during the entire course of my employment.

I hereby release without reservation, Company, and McCoy Investigations, their employees, agents, or assigns, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

I understand that, Company shall provide me with a copy of any report sought pursuant to this authorization, if requested. I further understand that McCoy Investigations will provide me with a copy of my background report if requested and will provide me with information regarding the nature and substance of all information in its files concerning me.

I fully understand the above and have received a copy of this Notice and Authorization:

SIGNATURE _____ DATE _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purposes.

If a credit report is requested, would you like a copy? [] Yes [] No Please check box
Would you like a copy of the Investigative Consumer Report? [] Yes [] No Please check box

Print Full Legal Name _____
First Middle Last

Previous Names Used _____ Date(s) Used _____

Date of Birth _____ Social Security No _____

Current Drivers License# _____ State _____

List residential addresses for the last 7 years. Begin with your most current and continue on a separate sheet of paper, if needed.

- 1) Street City County State Zip
2) Street City County State Zip
3) Street City County State Zip
4) Street City County State Zip

Have you ever been convicted of a crime other than a minor traffic violation? Yes No Please Circle

Offense _____ Date _____ City/State _____

Do you have any criminal proceedings pending? Yes No Please Circle City _____ State _____