



Rep: _____

Fax to 404-257-9500

**BACKGROUND CHECK
AUTHORIZATION AND RELEASE FORM**

**** THIS FORM CANNOT BE PROCESSED IF INCOMPLETE, ILLEGIBLE OR INACCURATE!!!!****

I, _____, having applied for employment,
(PLEASE PRINT FULL LEGAL NAME)

do hereby authorize ALL FACTS, INC. to obtain any information regarding my credit, traffic information, including history of violations and status of Driver's License, education history and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to _____. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Dr.Lic.# or ID# _____ State _____

Name as it appears on Driver's License _____

SSN#: _____ Place of Birth _____

Other Names used since 2001: 1) _____ Dates: From _____ To _____
(maiden name/aliases) month/year month/year
2) _____ Dates: From _____ To _____
month/year month/year

How many consecutive years have you lived in Georgia? _____

Please print addresses (including city/State/zip code/dates) for **PAST 10 YEARS**.
(If any additional space is needed, please use separate sheet.)

1. _____ Dates: From _____ To _____
month/year month/year
2. _____ Dates: From _____ To _____
month/year month/year
3. _____ Dates: From _____ To _____
month/year month/year
4. _____ Dates: From _____ To _____
month/year month/year
5. _____ Dates: From _____ To _____
month/year month/year

Date of active military service (if applicable or write N/A): From _____ To _____ (Mo/Yr)

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The following is required for criminal record identification purposes only:

Date of Birth _____
Race _____
Sex _____

CONSENT FORM

I hereby authorize ALL FACTS, INC./ _____ to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia or any other State.

Signature of Applicant Date