



**AUTHORIZATION FOR RELEASE OF INFORMATION  
CHOICE POINT / PINKERTON CONSULTING & INVESTIGATIONS / RAPSHEETS INC**

In connection with my application for employment, I authorize Rapsheets Inc., Pinkerton Consulting & Choice Point and their respective agents, to solicit information about my criminal background, social security, academic, credit, driving, and general public records history.

I AUTHORIZE, WITHOUT RESERVATION, ANY GOVERNMENT AGENCY CONTACTED BY RAPSHEETS INC./ PINKERTON CONSULTING & INVESTIGATIONS OR THEIR RESPECTIVE AGENTS, TO FURNISH THE ABOVE REFERENCED INFORMATION.

I release Rapsheets Inc./ Pinkerton Consulting & Investigations / Choice Point, their respective employees, agents and government agencies providing information or reports about me from any and all liability arising out of the release of any such information or reports. Pinkerton retains copies of criminal backgrounds for a maximum of thirty days. They are destroyed after that period.

I have been advised of my rights under the Fair Credit Reporting Act. If negative information should be presented in my name, I reserve the right to contact Rapsheets/Pinkerton Consulting & Investigations for clarification. Hard copy of record is kept for 30 days

NAME (Print) \_\_\_\_\_  
(First) (Middle) (Last)

OTHER NAMES USED (including Maiden names) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_

PRIOR ADDRESS IF LESS THAN 2 YRS AT CURRENT

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF MOST RECENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ # OF YEARS EMPLOYED AT THIS ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Parent signature, 1f under 18)

CTS Representative: \_\_\_\_\_ DATE \_\_\_\_\_

Fax the completed form to the Credentialing / Recruitment Fax: 703-354-0852 or bring with you to your interview appointment