

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
Last Name First Name Middle Name (include Jr., Sr., II, III, etc.)

understand that in conjunction with my application for employment, _____ will use the service of an outside agency to research and verify the information I have provided on my application for employment, including my personal background, character, professional standing, work history and qualifications. Said agency will provide a report to _____. _____ uses John A. DeMarr, PI as an agent to perform background verifications.

John A. DeMarr, PI will utilize various sources of information it deems appropriate, including, but not limited to, Department of Motor Vehicles records, credit reporting agencies, criminal conviction records, current and former employers, military records, school records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information, including, but not limited to, the above to _____ and John A. DeMarr, PI. I unconditionally release and hold harmless _____ and John A. DeMarr, PI, John A. DeMarr PI's affiliates, and any named or unnamed corporation, company, custodian or records, or informant from any and all liability resulting from furnishing information about me.

I request, authorize and consent to the procurement of an Investigative Consumer Report, and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by _____ if employment is denied because of information obtained from said Information Provider. Upon written request within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to _____. I further understand that when requesting a copy of the report, proper identification will be required, and I should direct my request to: John A. DeMarr, PI. 751 S. Weir Canyon Road #157-681, Anaheim Hills, CA 92808.

Signed Dated

Printed Name Position Applied For

_____/_____/_____
Social Security No. Date of Birth Driver's License No. State

Other names you have used or are known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current: _____
Street Apt# City State Zip How Long Here?

Former: _____
Street Apt# City State Zip How Long Here?

Former: _____
Street Apt# City State Zip How Long Here?

From

Company Name: _____ Contact Name: _____

Telephone: _____ Fax: _____

Email: _____

**Please fax this form to FAX: 714-546-7474
Or Email to status@demarr.com**

RELEASE FORM FOR CONSUMER REPORTS

From: _____

Telephone: _____ Fax: _____

Email: _____

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative reports which may contain public record information, may be requested or made on me, including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims, and others. These reports will include experience, along with reasons for termination of past employment. Further, I understand that you will be requesting information from various federal, state, local, and other agencies, which contain my past activities.

I hereby authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Print Name: _____

Maiden Name or AKA: _____

Address: _____

City: _____ State: _____ Zip: _____

Other counties you have lived in the past 10 years:

County: _____ State: _____

County: _____ State: _____

For Identification Purposes Only:

Driver's License No.: _____ State Issued: _____

Social Security No.: _____ Race: _____ Gender: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Professional License: State: _____ Type: _____

Signature: _____ Date: _____

**Please fax this form to FAX: 714-546-7474
Office Phone: 714-546-7373
Email to: status@demarr.com**