

Alliance Investigations and Security

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www.tacomainvestigators.com

Date: _____

I, _____, do hereby acknowledge notification that an inquiry may be requested to procure information relating to my character, general reputation, personal characteristics, and mode of living to determine my fitness and desirability for employment, and to verify the accuracy of information that I have submitted.

An investigative report may be made whereby information is obtained through personal interview with third parties, business associates, financial sources, friends, neighbors, or other with whom I am acquainted.

In connection with any inquiry which might be requested, I hereby authorize public and private individuals, corporations, organizations, firms, institutions, courts, and law enforcement agencies who possess information about me and/or act as custodians of any records relating to me, to release to Alliance Investigations and Security (AIS), or any designated representative thereof, written data. By signing below you consent and authorize AIS and/or their agents to prepare a consumer report including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living.

If hired, this authorization shall remain on file and shall serve as an ongoing authorization for (Company) to procure consumer reports or investigative consumer reports at any time during my employment period. I release (Company), partners, personnel, and/or agents from any and all liability and responsibility, damages, and claims of any kind whatsoever arising from this investigation of my background and the interview procedures conducted. A photocopy of this authorization shall be as valid as the original.

Signature _____

Printed Name: _____

Have you been known by any other name during your employment/education history?

Yes No

If yes, please provide other name: _____

Date of Birth _____ Social Security Number _____

Driver's License Number: _____ State _____

Address: _____

Previous Address: _____

Personal Information Release Form