

MORGAN HUNTER COMPANIES
BACKGROUND CHECK REQUEST & AUTHORIZATION

Name: _____, _____
Last Name Full First Name M.I. Jr., Sr., Etc

Other Names (e.g. Maiden Name) _____

Social Security # ____-____-____ **Date of Birth:** ____-____-____ (For ID purposes only)

Drivers License # _____ **State of Issuance:** _____

1) **Current Address:** _____ Apt # _____ City _____
County: _____ ST: _____ ZIP: _____ From: _____ To: _____

2) **Previous Address:** _____ Apt # _____ City _____
County: _____ ST: _____ ZIP: _____ From: _____ To: _____

3) **Previous Address:** _____ Apt # _____ City _____
County: _____ ST: _____ ZIP: _____ From: _____ To: _____

4) **Previous Address:** _____ Apt # _____ City _____
County: _____ ST: _____ ZIP: _____ From: _____ To: _____

* (Please use the back of this form, if necessary, to include all previous addresses covering the last seven (7) years and check here _____)

APPLICANT AUTHORIZATION

- 1) All information I have submitted in this request and in my application is true & correct to the best of my knowledge. I understand that false information will be cause for dismissal. I hereby authorize the **Morgan Hunter Companies**, which include *Morgan Hunter Corporate Search, Morgan Hunter Healthcare and Morgan Hunter HealthSearch*, or its agents, the right to process this request and to verify all information, including conducting a background check for criminal record, police record, consumer credit report and motor vehicle record information. Additionally, I authorize all corporations, companies, academic institutions, law enforcement agencies, credit bureaus and current and former employers to release information they may have about me and I release them from any liability or responsibility from doing so.
- 2) I hereby state that I am a prospective employee and authorize the **Morgan Hunter Companies** or its agent(s) to obtain my abstract of driver record from the appropriate state agency, to be used exclusively by the **Morgan Hunter Companies** or its agent to determine whether I should be employed to operate a motor vehicle upon the public highways of the state and or for the purpose of underwriting insurance in connection with such employment.
- 3) I authorize the **Morgan Hunter Companies** or agent(s) to use facsimile or electronic means, such as e-mail or internet, to communicate the contents of this release or report to company or agent.
- 4) The undersigned agrees that this request and any information reports will remain the property of the **Morgan Hunter Companies**. A photographic, faxed, or electronic copy of this authorization shall be as valid as the original.

Signature: _____ **Date:** _____
Applicant Signature