

# background investigation consent



I, \_\_\_\_\_, hereby authorize On Assignment and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I release On Assignment and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all above referenced sources used.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

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Full Name Printed

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Maiden Name or Other Names Used

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Present Address

How Long?

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City/State

Zip Code?

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Former Address

How Long?

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City/State

Zip Code?

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\*Date of Birth

Social Security Number

Driver's License Number

State of License

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Signature

Date

\*Note: The above information is required for identification purposes only, and is in no manner used for qualifications for employment. On Assignment, Inc. is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.