



teresa leigh
household risk management

Background Investigation and Consumer Credit Report Authorization Form

I hereby authorize Teresa Leigh Household Risk Management, LLC and its designated agents to conduct a comprehensive review of my background resulting in a consumer credit report and/or criminal investigative report to be generated for the sole purpose of employment.

I understand the scope of this report will include, but is not limited to: verification of social security number, current and previous addresses, employment history, character witnesses, credit history, DMV, traffic citations and registration, criminal justice agencies in any or all federal, state, or county jurisdictions, including out-of-country residences as well as interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Teresa Leigh Household Risk Management, LLC or its agent. I have 60 days to request a disclosure of the nature and scope of the investigation. I further authorize Teresa Leigh Household Risk Management, LLC to disclose information obtained in this report to potential employers or clients.

PLEASE PRINT INFORMATION

LAST NAME: _____ MAIDEN/SUFFIX: _____

FIRST NAME: _____ MIDDLE NAME: _____

NICKNAMES: _____ PLACE OF BIRTH: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

WORK AUTHORIZATION DOCUMENT & NUMBER: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

DAY PHONE NUMBER: _____ EVENING PHONE NUMBER: _____

MOBILE NUMBER: _____ EMAIL ADDRESS: _____



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Please list any and all states, countries and counties where you have lived, along with the corresponding dates. Make sure all information listed is accurate and complete. Use additional pages if necessary.

STATE/COUNTRY	COUNTY	FROM	TO
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I hereby verify that all information provided is complete and accurate. I understand that the withholding of any information constitutes grounds for dismissal from my position or withdrawal of my application from consideration.

Print Name

Signature

Date