



Nationwide

BACKGROUND CHECKS

I consent to have a consumer report made as to my credit history and/or employment history, social security information, criminal record, and other pertinent information for employment or other purposes, including initial hiring decisions, promotions, reassignments, and/or retention.

I hereby authorize **(CLIENT NAME)** to obtain a background report containing the foregoing information from **Nationwide Background Checks**, P.O. Box 21, Commercial Point, Ohio 43116.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to **Nationwide Background Checks** within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify **Nationwide Background Checks**, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from **Nationwide Background Checks**, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of **Nationwide Background Checks**, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Printed Name: _____

Social Security # _____ Birth Date: _____

Address: _____

City/State/Zip: _____

Drivers License # _____ State of Issuance: _____

I have read and understand this form in its entirety. I hereby agree and recognize that **Nationwide Background Checks** retains the right to keep confidential some of its sources.

DATE

APPLICANT'S SIGNATURE

Please fax completed form to (614)-877-2366.