

SAFE-T-WORKS, INC.

Drug & Alcohol Testing and DOT Compliance Services
1029 Sunset Avenue, Asheboro, NC 27203
Phone: 336-736-8038 Fax: 336-736-8042

Background Investigation

Please perform a background investigation on the following (please PRINT all information):

Last Name First Name Middle Name Maiden Name

Current Street Address

City State ZIP

Prior Street Address

City State ZIP

FULL Date of Birth Social Security Number Gender: M F

Race: _____

Signature of Authorization

FCRA: 1) Signing this authorizes a background investigation. 2) You may not be hired or your employment continued based on our report. 3) You will be told if that is the intent. 4) You can view the report and dispute items you feel are erroneous with us or the source.

I hereby authorize the release to Safe-T-Works, Inc., any information held by any parties regarding my prior employment, criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by Safe-T-Works and reported to my prospective/actual employer. I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that Safe-T-Works is relying on third party information and I therefore release Safe-T-Works, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired, I understand I do have certain rights under FCRA laws.

Please check the appropriate box below:

- | | |
|--|--|
| <input type="checkbox"/> Driver's License Check _____
Driver's License Number & State | <input type="checkbox"/> Credit History |
| <input type="checkbox"/> Multi-State with Identitrace (National) | <input type="checkbox"/> State _____ |
| <input type="checkbox"/> Identitrace (Social Security & Address Verification only) | <input type="checkbox"/> National Sex Offender |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Federal Courthouse Search |

Requested by: _____ Representative: _____

Phone Number

Today's Date

Please fax to Safe-T-Works, Inc at 336-736-8042