**PINKERTON CONSULTING & INVESTIGATIONS**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for employment, I authorize Pinkerton Consulting & Investigation services and their respective agents to solicit information about my criminal background, credit, social security, driving, employment, academic and general public health records history.

I AUTHORIZE, WITHOUT RESERVATION; ANY GOVERNMENT AGENCY CONTACTED BY PINKERTON CONSULTING & INVESTIGATIONS OR THEIR RESPECTIVE AGENTS, TO FURNISH THE ABOVE REFERENCED INFORMATION.

I release Pinkerton Consulting & Investigations, their respective employees, agents and government agencies providing information or reports about me from any and all liability arising out of the release of any such information or reports.

**NAME (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(First) (Middle) (Last)

**OTHER NAMES USED (Including Maiden names) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_**

**ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRIOR ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_**

**ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF YEARS AT THIS ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRIVER’S LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_\_\_\_\_**

**EXPIRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF MOST RECENT EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_**

**ZIPE CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF YEARS EMPLOYED AT THIS ADDRESS \_\_\_\_\_\_\_\_**

***\*SIGNATURE* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *DATE* \_\_\_\_\_\_\_\_\_\_\_\_**

(Parent signature, if applicant is under the age of 18)