

A WORKFORCE LOGIQ COMPANY

															CAN								
	The I	ollowing PLEAS																			/-		
	Last Name								-														
	First Name																						
	Middle Name												Nick	name									
	Previous Name 1													ites icable									
	Previous Name 2												Da	ites icable									
Self	Previous Name 3													tes icable									
S	Date of Birth												Today's Date										
	SS# Number																						
	Driver's License Number																		State Issued				
	Cell Phone																						
	Home Phone																						
	Email Address																						
	RESIDENTIAL ADDRESS (PLEASE FILL IN BELOW)																						
	Street Address																						
Current																							
Cu	City / State / Zip													St	State				Code				
ř	Street Address																						
Former																							
	City / State / Zip														ate			Zip	Code				
L				ı			EMP	LOYM	ENT	HIST	ORY	(PLE	ASE F	ILL I	N BEI	OW)							
	Employer 1 Name:																	Can w	re ntact?				<u> </u>
	Street Address																						<u> </u>
	City / State / Zip																						<u> </u>
	Phone																						
	Start Date																						
	End Date																						
	Reason for Leaving	g																					



A WORKFORCE LOGIQ COMPANY

Employer 2 Name:																		
Street Address																		
City / State / Zip																		
Phone																		
Start Date																		
End Date																		
Reason for Leaving																		
Employer 3 Name:																		
Street Address																		
City / State / Zip																		
Phone																		
Start Date																		
End Date																		
Reason for Leaving																		
EDUCATION HISTORY (PLEASE FILL IN HIGHEST DEGREE ACHIEVED BELOW)																		
Institution Name:																		
City / State																		
Major/ Subject																		
Graduation Date																		
Did you graduate under a different name?																		
nume.			ļ	ļ		REF	EREN	ICE H	IISTO	RY (F	PLEAS	SE FII	LL IN BELO	ow)				
Reference 1 Name										(1				,				
City / State																		
Phone																		
Email Address																		
Relationship																		
Reference 2 Name																		
City / State																		
Phone																		



A WORKFORCE LOGIQ COMPANY

Email Address											
Relationship											
Reference 3 Name											
City / State											
Phone											
Email Address											
Relationship											

The above information is hereby sworn to be true and accurate to the best of my knowledge. I understand that I may be contacted by Quick Search to clarify any and all information provided. I understand that my information is confidential as per the Quick Search Privacy Policy and is gathered on this form solely for investigative purposes. I affirm these statements by initialing here _____.

Authorization for Background Investigation

I acknowledge receipt of the Disclosure and I certify that the information I provided on this application is true and accurate to the best of my knowledge. I hereby consent to have a background investigation made relating to statements made on my application, and consent to have such information reported to Quick Search, my prospective employer or current employer at any time after receipt of this authorization and throughout my employment, if applicable. I also agree to give any further information which may be required in reference to my past record. I also authorize and request every person, firm, credit bureau, company, corporation, governmental agency, court, financial institutions, employer, police department, motor vehicle department, workers compensation agency, licensing agency, schools, colleges, universities, and any other association or institution having control of any documents, records and other information pertaining to me, to furnish to Quick Search records, employment records, including documents, records, files containing charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit Quick Search or its agents to inspect and make copies of such documents, records and other information. I further authorize Quick Search to furnish interested employer(s) and their authorized agents a report relating to statements I made in this application. If I am hired or retained, this authorization shall remain on file and shall serve as ongoing authorization for Quick Search to procure consumer reports, including investigative reports, for lawful purposes at any time during my employment period.

I also agree that this Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Quick Search and my prospective employer or current employer.

As evidenced by my signature below on this application, I assert my clear understanding and agreement that any and all results from the Background Investigation initiated based upon this application may be shared with Quick Search and my prospective or current employer. You may contact Quick Search at 214-358-2880 or email at customerservice@quicksi.com. A summary of your rights under the Federal Credit Reporting Act (FCRA) is attached.

Signature

Date