PINNACLE Investigations

Our Passion is Your Protection

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Pinnacle Investigations, its employees, agents, professional investigators, or any representative of the above named company, to perform investigations into my background, past behavior, character, and reputation.

Investigative reports may include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the Company named above. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

EDUCATION – I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

EMPLOYMENT – I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

I understand that the information requested is for the use by the Company named above and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing within five days of receipt of my request for said report.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

_____ _____ _____

Applicant Full Name (Printed) **Social Security #** **Date of Birth**

_____

Current Address **City** **St** **zip**

_____ _____

Applicant Signature **Date**

_____ _____ _____

Client Signature **Client Company** **Date**

_____ _____ _____

Drivers License # **State Issued** **Exp Date**

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