

Preferred Solutions, Inc

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Woodridge, IL 60517

(630) 910-3507 Fax (630) 910-3630

Background Inquiry Authorization

I _____ authorize Preferred Solutions, Inc., or any other 3rd party, to obtain any and all past employment records regarding previous employment and other areas of my background such as employer inquiries, retail credit inquiries, criminal record inquiries, driving history, educational records, and drug testing results. I agree to hold Preferred Solutions, Inc., its client and past employers, harmless regarding any information that is obtained during the background inquiry. I am aware that this report is prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon written request, a copy of the report, if not hired.

To all my previous employers and holders of public records:

Please accept this fax or mailed document as an original authorization for release of all employment records including reason for termination or resignation, criminal records, past drug and alcohol test results and transcripts of educational accomplishments.

Applicant: The request for your date of birth is to be used in performing a criminal record search only. It is not used by the client in consideration of employment.

Signature: _____

Date: _____

Last name: _____ **First name:** _____

Country of Residence: _____

Social Security Number: _____

Date of Birth: _____

License Number: _____

State: _____

May we contact your current employer? Yes No