



7447 N. First St. Suite 103 ~ Fresno, CA 93720 ~ (559) 431.0890 ~ (559) 437.0500 fax

**NOTIFICATION, AUTHORIZATION, CONSENT TO  
RELEASE OF INFORMATION TO EMPLOYER AND ITS AGENT**

The purpose of this form is to notify applicant an investigative report will be conducted on you in the course of consideration for employment.

I, \_\_\_\_\_ consent and authorize \_\_\_\_\_  
(APPLICANT) (REQUESTING COMPANY)

and it's authorized agent, Sierra HR Partners, Inc., to conduct a pre-employment background investigation on me. The agency may request and receive reports and/or information concerning me, including, but not limited to former employers, licensing agencies, criminal, civil, and driving records. I further understand that an investigative consumer report concerning me may include information about my character, general reputation, personal characteristics, and mode of living. Pursuant to state and federal law, I am entitled to receive a free copy of any consumer report containing public information obtained directly by requesting company or all of the information obtained by the investigative reporting agency, within three days of the time the report is released to the employer, along with a copy of "Your Rights Under the Fair Credit Reporting Act" State and Federal law also require the employer to give me notice if adverse action is taken based upon the contents either wholly or partly because of information contained in an investigative consumer report, along with a copy of the investigative report. I understand I have the right to dispute directly with the consumer reporting agency and findings within a consumer/investigative report, if the dispute is made in writing by me within 60 days of the date of adverse action.

I request and authorize all persons who have information relevant to this preliminary investigation to disclose such information as may be requested.

Name: \_\_\_\_\_  
First Middle Last

List any other names(s) used in the last 7 (seven) Years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ / ( ) \_\_\_\_\_  
Residence Other

Email Address: \_\_\_\_\_ (If you'd like a copy of your report emailed.)

Driver's License Information: \_\_\_\_\_  
State Number

Current Address: \_\_\_\_\_  
Number Street Apt. #

City State Zip Code

Other Address(es) where you've lived within the last ten (10) years. Use a separate piece of paper if necessary:

Street \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State/ZIP Code \_\_\_\_\_

Street \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State/ZIP Code \_\_\_\_\_

Street \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State/ZIP Code \_\_\_\_\_

I have read this Notification, Authorization, and Consent to Release of Information and fully understand the terms of this release.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**Education:** (Please attach a separate form if necessary)

*High School Attended:* \_\_\_\_\_

City, State: \_\_\_\_\_

Date attended: from \_\_\_\_\_ to \_\_\_\_\_ Diploma Obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

*Colleges Attended:* \_\_\_\_\_

City, State: \_\_\_\_\_

Date attended: from \_\_\_\_\_ to \_\_\_\_\_ Degree Obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

*College (#2):* \_\_\_\_\_

City, State: \_\_\_\_\_

Date attended: from \_\_\_\_\_ to \_\_\_\_\_ Degree Obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

Technical, Business or Professional Schools Attended: \_\_\_\_\_

City, State: \_\_\_\_\_

Date attended: from \_\_\_\_\_ to \_\_\_\_\_ Degree Obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read this Notification, Authorization, and Consent to Release of Information and fully understand the terms of this release.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date