



Phone: 972-485-4748
#A08230
E-mail: dcr@isgu.com

Investigative Solutions Group, Unlimited

Authorization

REQUEST FOR BACKGROUND VERIFICATION FOR THE PURPOSE OF VETTING AND VERIFICATION

To ISGU: Please provide background verifications as requested on the below individual:

SUBJECT'S NAME: _____
Last First Middle

Current Address: _____

(If current address is less than 5 years):

Date of Birth: / /

Social Security Number: _____

Other Names Used: _____

Drivers License Number and State Issued: _____

Comments:

REQUESTING FOR: Vetting and Credential Services

SIGNATURE: _____

Identification Information – This information to be used for identity verification purposes only

CONSENT FOR UTILIZATION OF CONSUMER REPORTS FOR EMPLOYMENT
To Be Completed and Signed by Applicant

THIS IS NOT A CREDIT REPORT AUTHORIZATION!!

The purpose of this form is notifying you that a **Consumer Report and/or an Investigative Consumer Report** will be conducted on you in the course of consideration for employment. This may include procurement of an investigative consumer report, (defined as a report that includes information as to your character, general reputation, personal characteristics or mode of living.

Consumer Reports include any and all information that ISGU provides to the employer concerning you.

***I,** _____, hereby authorize ISGU, with my signature below to access one or more of my **consumer reports**(NOT CREDIT REPORT) for vetting and verification purposes. I understand that I have the right to obtain a free copy of this consumer report 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.

***I,** _____, understand that should my consumer report have a possible adverse effect on my vetting and verification status, that I will be provided with a copy of my Summary of Rights under the Fair Credit Reporting Act. The report and my Summary of Rights will be provided prior to taking any adverse action against you. If adverse action is taken, you will be provided:

- A. Notice of the adverse action;
- B. The name, address, and telephone number of the consumer reporting agency that furnished the report to your employer along with a statement that the consumer reporting agency did not make the decision to take the adverse action and is unable to provide you with the specific reasons why the adverse action was taken;
- C. Notice of the consumer's right to obtain a free copy of the consumer report from the consumer-reporting agency and to dispute the accuracy or completeness of the information in the report.
- D. I understand that I have the right to dispute directly with the CRA the accuracy and completeness of any information provided by the CRA.

By signing below, you grant permission to ISGU or any of its affiliated or subsequent companies to obtain such a report or reports at any time. You also grant permission to all parties to release information regarding your previous or current military service, employment, education, driving history or criminal matters to ISGU, including information, which may be deemed negative.

Signature _____

Date: _____ **SSN** _____

Printed Name _____